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ABSTRACT

Intended for use by military personnel involved in child advocacy efforts and by Child Protective Services personnel working in conjunction with the military, this manual describes programs, procedures, and regulations developed to facilitate intervention in cases of child abuse and neglect among military personnel. Initially, an overview of child neglect is provided. The following two chapters (1) describe the relationships between stress associated with the structure and function of the military, and the incidence of child abuse and neglect within military families; and (2) discuss jurisdictional issues related to the families, and (2) discuss jurisdictional issues related to the coordination of military units and civil governments, agencies, and individuals. Military child advocacy programs in the Air Force, Army, and Navy, as well as a model approach to military civilian cooperation are described in the fourth and fifth chapters. Concluding discussions focus on child advocacy in the military overseas and dependents schools. Numerous charts and diagrams indicating primary and secondary responsibilities, organizational interfaces, and other similar content are included in the manual. (RH)

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CHILD PROTECTION IN MILITARY COMMUNITIES

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THE USER MANUAL SERIES

This manual was developed and written by Diane D. Broadhurst, Russell S. Estey, William J. Hughes, James L. Jenkins and James A. Martin. It was edited and produced by Kirschner Associates, Inc., Washington, D.C., under Contract No. HEW-105-77-1050.

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CHILD PROTECTION IN MILITARY COMMUNITIES

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I

OVERVIEW OF CHILD ABUSE AND NEGLECT

DEFINITIONS OF CHILD ABUSE AND NEGLECT

The words "child abuse" and "child neglect" mean different things to different people. It is important to have a widely accepted definition of these terms because they describe the situations in which society should and must intervene, possibly against parental wishes, to protect a child's health or welfare. However, defining these terms raises the most controversial issues in child abuse and neglect work because these terms determine the conditions which constitute reportable circumstances and establish when society, child protective services, and possibly the courts, can intervene into family life.

Definitions of child abuse and neglect seem to many to be both too broad and too narrow. It is difficult to draft legislation which is specific enough to prevent improper application and yet broad enough to cover situations of harm to a child necessitating societal intervention.

As a result, there are many different approaches to defining "child abuse" and "child neglect." One approach is found in the Draft Model Child Protection Act, developed by the National Center on Child Abuse and Neglect:

(a) "Child" means a person under the age of 18.

(b) An "abused or neglected child" means a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of the child's parent or other person responsible for the child's welfare.

(c) "Harm" to a child's health or welfare can occur when the parent or other person responsible for the child's welfare:

(i) Inflicts, or allows to be inflicted, upon the child, physical or mental injury, including injuries sustained as a result of excessive corporal punishment; or

(ii) Commits, or allows to be committed, against the child, a sexual offense, as defined by state law; or

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PREFACE

Although during the 1950's and 1960's some individual military installations developed hospital based child maltreatment programs, it was not until the early 1970's that there was a growing awareness of the fact that child maltreatment is not just a medical problem, or even simply a reflection of a psychiatric or social illness. Rather, there was a realization that child maltreatment is the result of an often complex combination of factors. And it is a problem tht affects officers and enlisted men alike. Efforts at finding simple solutions were abandoned and individual military services began to develop comprehensive regulations designed to bring together all available installation assets for the adequate management of child maltreatment cases.

Today, the Department of Defense is attempting to make a realistic assessment of the extent of the child maltreatment problem. There have even been suggestions that this inquiry should be expanded into the larger issue of family violence. Regardless of what happens in the immediate future, two basic principles are well established: child maltreatment occurs in every military as well as civilian community, and it requires a community response.

Professionals in effective child protection programs have learned not to waste precious energy looking for "villains." The real task is to recognize and assist abusive or non-nurturing parents in adequately meeting their parental roles and responsibilities. Current military regulations reflect an emphasis on the strengthening of family life and the provision of the resources necessary to assist parents in meeting the physical, emotional, and social needs of their children. Obviously, there are occasions when a child must be protected from harm. When these occasions occur, quick decisive actions must take place.

This manual is one in a series of manuals based on the Draft Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects.* It is designed for use by military personnel

*Other manuals in this series address related topics such as: community organization; self-help; and the roles of various disciplines in preventing and treating child abuse and neglect. Information about other manuals in this series may be obtained from the National Center on Child Abuse and Neglect.

involved in child advocacy efforts and for Child Protective Services (CPS) personnel who may be working in conjunction with the military. However, it may be used by other professionals dealing with child maltreatment and by concerned citizens interested in understanding military child advocacy efforts.

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(iii) Fails to supply the child with adequate food, clothing, shelter, education (as defined by state law), or health care, though financially able to do so or offered financial or other reasonable means to do so; for the purpose of this Act, "adequate health care" includes any medical or non-medical health care permitted or authorized under state law;

(iv) Abandons the child, as defined by state law; or

(v) Fails to provide the child with adequate care, supervision, or guardianship by specific acts or omissions of a similarly serious nature requiring the intervention of the child protective service or a court.

(d) "Threatened harm" means a substantial risk of harm.

(e) "A person responsible for a child's welfare" includes the child's parent; guardian; foster parent; an employee of a public or private residential home, institution or agency; or other person responsible for the child's welfare.

(f) "Physical injury" means death, disfigurement, or the impairment of any bodily organ.

(g) "Mental injury" means an injury to the intellectual or psychological capacity of a child as evidenced by an observable and substantial impairment in the child's ability to function within a normal range of performance and behavior, with due regard to the child's culture.

EXTENT OF CHILD ABUSE AND NEGLECT

Because child abuse and neglect usually occurs in the privacy of the home, no one knows exactly how many children are affected. Child abuse and neglect must be discovered and reported before the child can be protected. There is general agreement that this never happens in a majority of abuse and neglect incidents.

There have been a number of estimates made of the incidence of child maltreatment ranging from 500,000 to 4.5 million, but they are unproven. The National Center on Child Abuse and Neglect estimates that approximately one million children are maltreated by their parents each year. Of these children, as many as 100,000 to 200,000

are physically abused, 60,000 to 100,000 are sexually abused, and the remainder are neglected. And each year, more than 2,000 children die in circumstances suggestive of abuse or neglect.

CAUSES OF CHILD ABUSE AND NEGLECT

No one factor accounts for child abuse and neglect. There are a variety of manifestations and causes. Some generally accepted causes of the abuse and neglect of children include severe emotional pressures or psychopathologies, a family heritage of violence, and the burdens resulting from poverty. Instead of one factor which leads to abuse or neglect, there are multiple forces on the family which reinforce each other and which cause abuse and neglect. It is possible to divide these forces into four categories: individual capacities, attitudes and values, specific life situations, and general community welfare.

Individual Capacities

Individual capacities include such factors as physical health, mental health, intelligence, personality and previous life experiences, such as past maltreatment. All of these personal characteristics operate in parents and children, and they reflect both innate and experiential influences. These are probably the most constant influences on behavior.

Attitudes and Values

There are a variety of cultural forces which are incorporated as attitudes and values by individuals and which influence families and their relationships. These forces always exist, but they change less frequently than the other forces having an impact on families. These forces include attitudes toward: children, changing family roles, violence, corporal punishment, economic and social competition and religion, among others.

Specific Life Situations

Situational forces, either chronic or acute, may affect parents' relationships with their children. These forces can include marital relationships, employment situations, presence of extended family members, housing conditions, financial security, and amount of social contact. If these forces have a positive effect, they can strengthen family ties, whereas if they are negative they reinforce other problems the family is experiencing.

General Community Welfare

The general community welfare is largely defined by social institutions which affect families on various levels, depending on the purpose of the institution. For example, some institutions, including businesses, churches, schools, police, fire departments, radio, television and newspapers affect everyone. Some institutions, which are more problem-oriented, affect only specific groups. These include such institutions as mental health departments, child welfare institutions, drug and alcohol abuse clinics, poverty or social welfare institutions. On a third level are those institutions that deal directly with problems of child abuse and neglect, such as child protective services and juvenile courts.

Any of these institutions can have either a positive or negative affect on the occurrence of child abuse and neglect. They may either contribute to the well-being of the family and thus help to prevent child abuse and neglect; or they may exacerbate the problems of family members and generate new crises which could cause child abuse or neglect.

Forces in Combination

Child abuse and neglect are most likely to occur when there is a combination of negative forces affecting the family. These forces work together and reinforce each other. Such a combination can be quite devastating, especially for a family which is not as well equipped to cope with problems as most other families.

EFFECTS OF CHILD ABUSE AND NEGLECT

Child abuse and neglect can result in permanent and serious damage to the physical, emotional, and mental development of a child.

The physical effects of child abuse and neglect may include damage to the brain, vital organs, eyes, ears, arms or legs. These injuries may, in turn, result in mental retardation, blindness, deafness or loss of a limb. Abuse or neglect may cause arrested development. At its most serious, of course, abuse or neglect may result in the death of a child.

Child abuse and neglect are often as damaging emotionally as they are physically. Abused or neglected children may be impaired in self concept, ego competency, reality testing, defensive functioning and overall thought processes. They also often have a higher level of aggression, anxiety, low impulse control, and self-destructiveness.

These characteristics can cause abused or neglected children to display high levels of antisocial behavior as they get older. Abuse and neglect may also result in restricted cognitive development. Language, perceptual, and motor skills are often underdeveloped, further hindering the child's chances to succeed.

II

MILITARY STRESS AND CHILD ABUSE AND NEGLECT

The military has a unique organizational and social structure as well as some unique job functions. There are a number of factors resulting from the structure and function of the military which may contribute to the existence of stress in service members and their families. This stress may, in turn, contribute to the incidence of child abuse and neglect. At the same time, the military provides support which may help to alleviate stress.

THE MILITARY AS AN ORGANIZATIONAL AND SOCIAL SYSTEM

In general, many people have misconceptions regarding the military, due to insufficient or inaccurate information. Perceptions about the military based upon personal experience as a member of the armed forces, upon information from relatives or friends who have been in the military, or upon information received from the media may be biased or inappropriately generalized to the entire military system. For example, some people perceive all military units as being the same regardless of the branch of service or the specific mission of that unit. Some think all military members have authoritative personalities. An overview of the organizational structure, job functions, and support systems within the military should be helpful in formulating an accurate conceptualization of "the military."

Organizational Structure

Most people are familiar with the primary branches of the uniformed services, the Air Force, Army, and Navy. There are additional service branches including the Marine Corps (in the Department of the Navy), Coast Guard (in the Department of Transportation), and Public Health Service (in the Department of Health, Education, and Welfare). It is not the intent of this manual to provide a comprehensive outline of the United States military organizational structure, but rather to clarify that there are different service branches and that each branch has its own mission, organizational system, and policies and procedures. In addition, each branch of the military is further subdivided into organizational divisions and units, each with a specified mission in support of the overall military objective. Therefore, each military unit is unique from other units based on such factors as branch of service and military mission. Consequently, the stress within one military unit which

may contribute to the occurrence of child abuse or neglect may be unique to that specific unit and should not be generalized to the total military system.

Job Functions

Throughout the military system, different organizational units have specific functions which influence the amount of stress experienced by the individuals within that unit. For example, some units such as fighter aircraft squadrons or infantry battalions place unit members at extreme risk on a constant or recurring basis. The degree of risk is very significantly decreased for those in direct combat positions during peace time. High risk jobs are not unique to the military in that many civilian occupations such as law enforcement, fire protection, or child protective services place individual workers at risk and introduce them to considerable stress.

Individual service members receive a job classification and are assigned specific duties commensurate with their training and job classification. Consequently, within the military system, individuals occupy many jobs similar to those within the civilian community. There are many job classifications, however, which are unique to the military; most of them are directly related to combat functions.

Support Systems

Various unique aspects of military life may produce stress which contributes to child maltreatment. However, there are also support systems within the military which decrease the presence of stress and thus reduce the potential for child abuse or neglect. Such support systems include:

- Guaranteed income: Active duty military members are guaranteed their salary during the period of their military membership in spite of illness or other personal, family, or community crisis.

- Medical care: The military health care system provides comprehensive medical care to all military members and their families.

- Legal services: Legal services and consultation are available to service members and their families. These services are limited to consultation in domestic matters.

- Chapel services: Comprehensive chapel services including religious services, counseling, and social activities are provided through the installation/unit chaplaincy.

- Child care facilities: Some military installations provide child care and nursery school facilities.

- Community/Family services: This agency provides immediate information and assistance including basic household items such as cribs, pots and pans, linens, and irons on a loan basis to families who are newly assigned or temporarily stationed at the installation. In addition, it provides information concerning community resources and maintains a reference file on other military installations to assist families in making required reassignment transitions.

- Education services: Most installations have an education office that provides information and financial assistance to individuals who are interested in enrolling in college level courses in the community. There are various financial assistance programs that enable service members to receive tuition assistance if they attend college classes during nonduty hours.

- Recreation facilities: Most installations have an extensive recreational program with facilities such as theaters, tennis courts, swimming pools, bowling facilities, auto hobby shops, wood working shops, and gymnasiums. Another important dimension of recreation services are youth centers, where organized and supervised individual and group activities are provided for children of military members.

- Service clubs: Service clubs provide members with facilities for recreational and social activities as well as access to community activities.

- Young married organizations: Many installations have organizations for young married couples which provide opportunities for interaction and facilitate the development of support networks. Activities such as babysitting co-ops, used furniture and clothing exchange, and food supplements are available through these organizations.

The various support systems discussed above are not limited only to preventing and reducing stress which might contribute to the

occurrence of child abuse and neglect; they may also be valuable resources for assisting families where child maltreatment has already occurred.

STRESS FACTORS

The variables discussed below may contribute to the existence of stress within the military resulting in child abuse or neglect. No single variable is unique to the military, other than those directly related to combat situations. Nevertheless, a combination of these variables may be more likely to occur within the military system; together they can produce stress which contributes to child maltreatment.

Mobility

Society within the United States has become increasingly mobile during the 1960's and 1970's. However, among military families, particularly among families where the service member completes 20 years of active duty, frequent relocation of the family unit is a reality of military life. Typically, a family could be expected to move on an average of every three years. This organizationally imposed mobility introduces a number of secondary factors which may also produce stress.

Disrupted Life Style

A civilian family that relocates once or twice during the child rearing period experiences the same initial disruption associated with such a relocation as a military family. However, when relocations recur every few years over an extended period of time, a sense of disruption is created within the family. It has been the expressed opinion of many military families that after the initial few moves, additional moves become increasingly more disruptive and more difficult.

Lack of Choice

Another significant factor associated with mobility imposed by the military is the fact that the family may not have control over when or where they relocate. This type of relocation may have a much greater negative psychological impact upon the military family than when a civilian family chooses to relocate and has some control over when and where this occurs.

Foreign or Isolated Assignments

In addition to the frequency, duration, and loss of control over relocation, military families are often required to move to foreign countries or relatively isolated locations. Such assignments may introduce adventure, travel, education, and other rewarding experiences. However, they also introduce considerable stress associated with such issues as culture shock, language barriers, and a magnification of the financial hardship associated with each relocation.

Isolation from Extended Family and Friends

Many civilian families receive considerable support from a well-established system of extended family members and friends. Such a support system can be extremely valuable in dealing with stress. Military family members develop a life style of social support networks that tend to be less intense and shorter in duration. Consequently, during periods of stress, support from extended family members and friends may not be available.

Separation

The nature of the military mission may introduce imposed separation of the military member from the family at various periods throughout a military career. The degree to which an individual will be subjected to this is influenced, in part, by the unit to which he or she is assigned and his or her job classification. For example, there is a higher incidence of family separation among Navy personnel due to the assignment of sailors aboard Navy vessels which remain at sea for extended periods of time. There are specific units within all branches of the service that have a higher incidence of forced separations. There are also some assignments where family members are not permitted to accompany the service member. In such cases, the service member is normally assigned on an "isolated tour" for a period of one year. It is not uncommon for military families to experience at least one such separation during a military career. In addition, a military unit or service member may be required to participate in temporary duty assignments away from the home installation where the family resides. This type of deployment schedule introduces role confusion within the family. It should be noted, however, that there are many military units where the members and their families seldom experience military-imposed separations.

Military/Family Conflicts

There are occasions when family stress is produced as a result of discrepancies between military requirements and the needs of the individual family. For example, a service member may be deployed on temporary duty at a time when his wife is about to deliver a child and his presence is required at home for support and child care assistance. There are hardship, humanitarian, and other special provisions to assist families that experience such conflict situations. However, if the service member has a stronger identification to the military than to his or her family, he or she may choose to support the needs of the military rather than those of the family during these periods. When such incidents occur, it becomes the responsibility of military or civilian human service agencies to bring the situation to the attention of the service member's superiors so that the military can assure necessary support to the family unit.

Authoritative Management Style

Combat situations often require that individual service members subordinate their personal needs to those of the national defense; this results in an autocratic or authoritative management style, where individuals are given orders and expected to carry them out. For some service members, this type of interpersonal management carries over into their personal lives and they tend to manage their own families in the same authoritative way. While this is not necessarily common to all military families, when it does occur the service member introduces increased stress into the family.

High Stress/High Risk Jobs

Although not unique to the military, there are a number of high stress, high risk jobs within the military system. When service members are assigned to such positions, the nature of their work introduces increased stress into the family. This, in itself, may not be a significant factor relative to the possible occurrence of child maltreatment. However, given a high risk job in combination with some of the other stress factors that have been mentioned, the stress threshold within the family may be reached.

Child Rearing Years

Most military families are associated with the military during the primary child-rearing years. Consequently, those stress factors associated with military service are more likely to have an impact

upon children in that they tend to occur during the period of time when children are present in the family.

SUMMARY

This chapter has described the relationship between stress associated with the structure and function of the military and the incidence of child abuse and neglect within military families. As has been noted, there are supportive services available which may reduce the occurrence of child maltreatment by preventing or reducing stress.

It is important to remember that there are multiple factors which contribute to child abuse and neglect, including individual capacities, cultural forces, situational forces, and the general community welfare. Stress is not generally a sufficient cause in and of itself. However, stress can increase a family's vulnerability and increase the potential for child maltreatment when it occurs in combination with other factors.

III

JURISDICTIONAL ISSUES

Generally, military installations view themselves as being distinct and separate from local civilian communities. Based on programs and services proscribed by law or regulation, or otherwise developed under local auspices, most installations provide their residents with an array of medical, social, and recreational resources. The philosophy of "we take care of our own" often predominates and individuals sometimes are even discouraged from using local civilian community resources. While it is true that the uniquely rural, sometimes isolated nature of some installations necessitates this self-help philosophy, the fact remains that military installations do not have all the "tools" necessary to go it alone. Nowhere is this clearer than in the realm of domestic affairs and specifically the management of child maltreatment cases.

While many military installations can provide outstanding treatment and support services for troubled families, military installations intrinsically lack the legal resources unique to state and local government that are occasionally necessary to place appropriate limits on potentially dangerous family situations. The role and often the resources of civil governments in domestic matters should not be unnecessarily duplicated by the federal government or the military. A more effective approach is for military installations to develop appropriate cooperative relationships with local civilian governments. Rather than acting alone, installations should seek to obtain access to local resources.

In the area of child maltreatment this means developing a coordinated and cooperative relationship with local child welfare representatives. It means viewing these individuals and agencies as an aid, not as a threat. It means sharing in the protection offered by their umbrella of child welfare and other social service programs and laws.

A COOPERATIVE APPROACH

Developing a mutually supportive and cooperative relationship with local communities requires active involvement with one another. It cannot wait for or be limited to purely traumatic events. Rather, it must focus on broader areas of concern and must involve frequent communications.

It would be naive to assume that perfect military-civilian relationships can be established everywhere. In reality, a great deal will depend on the willingness of the local command and the local civilian government to risk getting involved with one another. Chapter V presents one approach to establishing a cooperative military-civilian relationship.

Whatever the case, the military should maintain its focus on what it does best, providing tangible services to military families. Ideally, the issue of a legal framework for managing child maltreatment should be focused on the tools available through state and local government.

BASIC LEGAL CONCEPTS

Jurisdiction is the authority, power, or right to act. As a legal concept, jurisdiction can have several meanings. It may be used to refer to the authority by which courts and judicial officers become aware of and decide cases. Thus, it may refer to the power of a court to adjudicate the subject matter of a case. Jurisdiction may also mean the power of a court to subject the parties involved in a particular case to decisions and rulings made by the court.

When used in connection with land areas, jurisdiction means the authority to legislate within those areas. Where the United States exercises federal jurisdiction over particular land areas, such as military installations or Indian reservations, it has the authority and power to enact general legislation applying within those lands. This is in contrast to other legislative authority of Congress, which depends not upon land area but upon subject matter and purpose, and which must be based upon some specific grant of authority in the Constitution (for example, the power to regulate interstate commerce or the power to declare war). Congress cannot enact general municipal legislation applicable throughout the United States because that power belongs to the individual states. However, Congress may enact such legislation with respect to specific land areas over which the United States has jurisdiction.

The fact that the United States has legislative jurisdiction over a particular area does not mean that it has actually legislated within that area. It means merely that the United States has the authority to do so. In fact, with regard to many legal subjects, the federal government has not established a comprehensive legislative scheme for land areas under federal jurisdiction. As will be discussed more fully below, the subject of child maltreatment is

one such legal area in which Congress has not established a comprehensive federal scheme.

TYPES OF LEGISLATIVE JURISDICTION

There are varying degrees of legislative authority that may be exercised by the United States over land areas. Simply because the federal government has jurisdiction over an area does not necessarily mean that its power is complete in all respects or that state legislative authority is totally excluded. Various combinations or divisions of federal and state legislative authority are possible. To determine the exact type of legislative jurisdiction possessed by the United States over a land area, it is necessary to examine the specific transaction by which the jurisdiction was acquired. Normally, in a land transfer involving the United States, the documents of transfer (that is, deed, cession of land by the state, etc.) will establish the jurisdictional scheme to exist following the transfer.

The following are types of legislative jurisdiction:

- Exclusive Federal Legislative Jurisdiction exists in situations in which the federal government has received, by whatever method, all of the authority of the state to legislate within the land area in question. Normally, no reservation is made by the state except the right to serve civil or criminal process on the federal area. Such legal process usually concerns crimes or actions that occurred outside the federal property on state lands, but the individuals involved are later located in the federal area. The state may also exercise other authority over the property in question if applicable federal statutes permit it to do so.

- Concurrent Legislative Jurisdiction exists in situations where, in granting to the Unites States authority which would otherwise amount to exclusive legislative jurisdiction over an area, the state has reserved to itself the right to exercise, concurrently with the United States, all of the same authority.

- Partial Legislative Jurisdiction exists in situations where the federal government has been given some legislative authority over an area by the state, but the state has reserved to itself the right to exercise other authority beyond merely the right to serve civil or criminal process.

Both the federal government and the state have some legislative authority, but each has less than complete authority over the land area in question.

- Proprietorial Jurisdiction exists in situations where the federal government has acquired some degree of ownership or right to use an area in the state, but has not obtained any legislative authority. It should be remembered, however, that the United States, by virtue of its powers under the Constitution, may have some legislative authority over an area even though it has only a proprietorial interest in that area. Also, when the United States acquires an interest in an area, even if only proprietorial, it has immunities not possessed by ordinary landholders. For example, a state may not impose its regulatory power on the federal government; nor may the state tax federal land.

RESPONDING TO CHILD ABUSE AND NEGLECT IN AREAS OF EXCLUSIVE FEDERAL JURISDICTION

Theoretically, in an area of exclusive federal legislative jurisdiction, state civil laws have no operation or effect. Service delivery may not use state child protection laws, procedures, or resources. The military is solely responsible for managing cases of child maltreatment. Therefore, the case management plan in such an area follows the pattern illustrated in Exhibit I on the following page.

It is the position of this manual, however, that in the case of child maltreatment reporting and case management a cooperative approach between military and civilian professionals and agencies is preferable; as the following discussion demonstrates, there are precedents for such a cooperative approach.

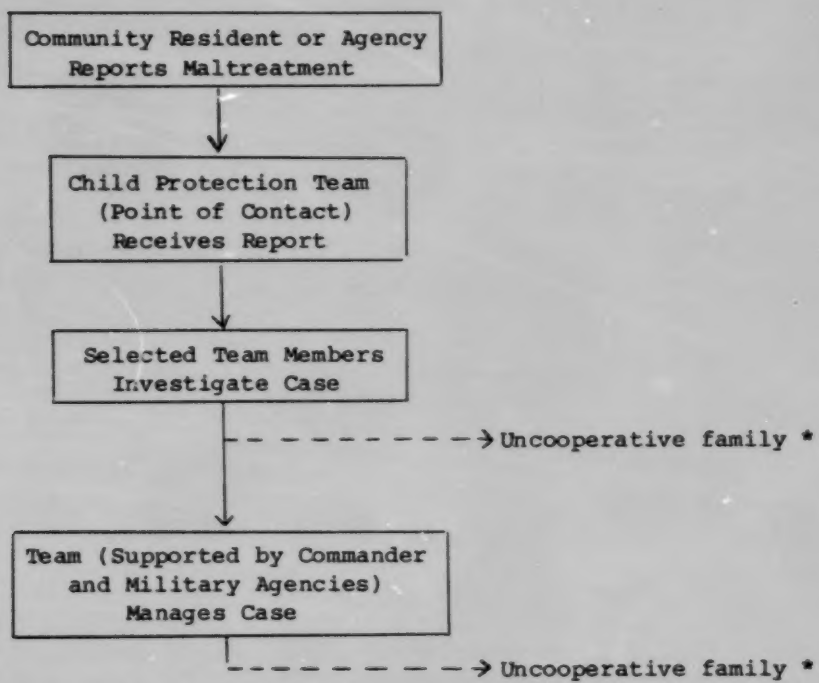
"MODIFIED" EXCLUSIVE FEDERAL JURISDICTION

As discussed previously, the exclusively military case management plan is often inadequate. The most effective approach is a cooperative state-military effort. Federal law has no specific child protection provisions or procedures. Applicable military regulations provide guidance only as to personnel responsibilities and general policy considerations in the areas of child neglect and abuse. These regulations contain very little regarding detailed procedures for use in cases of child maltreatment. For example, specific authority for personnel to take protective action in

EXHIBIT I

EXCLUSIVE JURISDICTION

THE "AS IS" MODEL


Community Resident or Agency Reports Maltreatment
Child Protection Team (Point of Contact) Receives Report
Selected Team Members Investigate Case
Uncooperative family *
Team (Supported by Commander and Military Agencies) Manages Case
Uncooperative family *

*Ultimately, uncooperative families are referred to the Installation Commander. At this point, the options available are usually limited to "actions against the sponsor," that is, discharge, transfer, or eviction from military quarters, as appropriate.

_____ Primary Responsibilty

---------- Secondary Responsibility

maltreatment cases, if necessary, is not given. Normally, state law sets forth comprehensive procedures for dealing with child maltreatment and suspected maltreatment cases, and that law often affords immunity to authorized professionals, such as doctors and police officers, who, in good faith, take an abused or neglected child into protective custody. Frequently, state law also provides for and requires involvement by the local department of social services, and sets forth express authority to use protective custody in certain cases of suspected abuse or neglect.

Because no adequate or specific federal procedures currently exist or apply in child maltreatment cases occurring on federal land, it is beneficial for the military community to utilize state laws, procedures, and resources. The legal question which then arises is whether state laws regarding child maltreatment may be applied to areas of exclusive federal jurisdiction. The interaction between state and federal authorities in child maltreatment matters is handled on an installation-by-installation basis. The determining factors are the willingness of the local county child protection agency to accept and process cases occurring on the federal installation and, of course, the desire of the installation to seek state assistance. Legal justification for such action does exist, and the following discussion presents the arguments supporting application of state child protection laws to land areas of exclusive federal jurisdiction. Such a situation will be characterized as the "modified" exclusive federal jurisdiction situation.

Statutory and Legal Justifications for Modified Exclusive Federal Jurisdiction

As stated earlier, when the land in question is under exclusive federal jurisdiction, state civil laws normally are not applicable. The United States has legislative authority in that situation. Frequently, federal statutes will adopt or apply state rules of law for such areas, or an exclusively federal law will be enacted. However, in many important legal areas, Congress has neither enacted comprehensive civil statutes nor specifically adopted a state civil law. Those areas where federal legislation is lacking include domestic relations matters and matters between parent and child. The area of child maltreatment also appears to be an area without specific federal legislation.

An examination of federal law reveals that Congress has determined not to assert jurisdiction in the area of child maltreatment. The only federal legislation in this area is the Child Abuse Prevention and Treatment Act (enacted 1974, amended 1978). While Congress could legislate in the area of child maltreatment on federal lands, it has not done so.

Whenever there is an absence of specific Congressional statutory action, it must then be decided what laws do apply to the federal lands in question. The Supreme Court, when confronted with this issue in Chicago, Rock Island and Pacific Railway Company v. McGlinn, 114 U.S. 542 (1885), stated that whenever political or legislative jurisdiction is transferred, the laws of that country which were intended for the protection of private rights apply until changed or replaced by the new government. Subsequent court decisions have reaffirmed that position; in general, state and civil laws existing when the United States acquires exclusive jurisdiction automatically apply to the area in question as long as they do not conflict with existing federal laws and until Congress passes laws inconsistent with the state law.

However, in the area of child maltreatment, there is frequently no adequate or specific state law on the subject which existed at the time of acquisition of the federal lands in question. Effective regulation against child maltreatment requires procedures which are appropriate in light of contemporary problems and family pressures. The absence of such a state law at the time of the land acquisitions in question would, theoretically, mean that child maltreatment is simply unregulated in those areas. That situation is usually undesirable and unacceptable. Fortunately, there are precedents which allow current state child protection laws to be properly applied to areas of exclusive federal jurisdiction. For example, in 1963 the United States Supreme Court, in Paul v. United States, 371 U.S. 245, held that the current state law may be applied in a federally unregulated land area of exclusive United States jurisdiction if some form of state regulation of the subject existed at the time of acquisition of the land by the United States, although the state laws applicable to the subject may have changed since the land was transferred. That decision is in support of the argument that currently existing state child protection laws could be applied to an otherwise unregulated area of exclusive federal jurisdiction.

A second justification for applying state law deals with the nature of the "federal enclave." Early court decisions viewed the federal installation as an entity totally separate and apart from the state in which it was located, in order to preclude any exercise of legislative authority by the state over the enclave. Most of the early cases dealt primarily with state regulatory type legislation which impacted directly upon the federal government and its operations. In what appears to have been the first case before the United States Supreme Court involving state law which did not impact the federal government adversely, the Court in Howard v. Commissioners, 344 U.S. 624 (1953), specifically rejected the concept

of a "state within a state" and noted that the federal enclave continued to be a part of the state within which it was located. The Court noted that the fiction of a "state within a state" can have no validity to prevent the state from exercising its power over the federal area within its boundaries, so long as there is no interference with jurisdiction asserted by the federal government. A federal military reservation may be considered part of the state in which it is located. Consequently, state child protection laws may be applied to installations of exclusive federal legislative jurisdiction. Not only is there no interference with federal assertion of jurisdiction, but such action is in furtherance of a clear federal policy expressed in the Child Abuse Prevention and Treatment Act.

The third justification is perhaps the strongest and most persuasive. Because child protection legislation confers a benefit on abused and neglected children, the cases dealing with rights of federal enclave residents to benefits of state law are relevant. The leading case in this area is Evans v. Cornman, 398 U.S. 419 (1970), wherein the United States Supreme Court held that the State of Maryland would violate the equal protection clause of the Fourteenth Amendment if it denied state voting rights to Maryland domiciliaries living on the grounds of the National Institute of Health, a federal enclave. The right to vote was considered the citizen's link to his laws and government, and protective of all fundamental rights and privileges. Evans raises the question of whether a state can deny benefits to residents of a federal enclave without violating the equal protection clause of the Fourteenth Amendment. Given that the Supreme Court in Howard v. Commissioners rejected the "fiction of a state within a state" (a holding reaffirmed in Evans), a state legislative scheme which denies benefits to enclave residents residing within the state would be subject to question.

Several state courts have acknowledged the right of federal enclave residents to benefits conferred under state law by holding that enclave residents are residents of the city, county, and state in which the installation is located. The courts have relied upon the rationale of Howard v. Commissioners, where the concept of the federal installation being a "state within a state" was rejected. The exclusive federal legislative jurisdiction issue was resolved by relying upon the lack of interference with federal assertion of jurisdiction in the applicable areas, as would be the situation in the area of child maltreatment.

The Supreme Court of Colorado in County of Arapahoe v. Dunoho, 144 Colo. 321, 356 P 2d 267 (1960), upheld the right of an enclave

resident to benefits under a state law which provided for payment of relief benefits to residents "in the county." While noting that relief benefits were paid for in part with federal funds, the Court held that, in view of the fact that exclusive legislative jurisdiction does not operate as an absolute prohibition against state laws but has for its purpose protection of federal sovereignty, exclusive jurisdiction did not prohibit application of state law in that case. In fact, the relief benefits in question were required by federal law, and paying such benefits was not, therefore, considered an act undermining federal sovereignty. Such reasoning would apply equally well to the area of child maltreatment wherein the federal government provides financial support to the states to carry out appropriate child protection functions.

Other states, notably New Jersey, have acknowledged the right of enclave residents to benefits under state law where no specific residency requirements exist in the statute conferring the benefit. The New Jersey Superior Court has considered the applicability and enforcability of state law in areas of exclusive federal legislative jurisdiction, and in Board of Chosen Freeholders of the County of Burlington v. McCorkel, 237 A 2d 640 (1968), determined that children residing at Fort Dix and McGuire Air Force Base, both exclusive federal jurisdiction installations, were entitled to benefits provided by the New Jersey Bureau of Children's Services. The Bureau was required to provide care, custody, maintenance, and protection for children found to be dependent and neglected. In reaching its decision the Court followed the reasoning of Howard v. Commissioners, and concluded that the term "exclusive jurisdiction" did not constitute an absolute bar to the exercise of legislative authority by the State. The Court determined that state jurisdiction exists so long as its exercise does not interfere with the jurisdiction asserted by the federal government. Notably, the Court specifically stated that the federal government had not asserted jurisdiction in child abuse matters, and in fact had provided federal funding to New Jersey to enable it to deal with the problem through its agencies. The same court also ruled in State in Interest of D.B.S., 349 A 2d 105 (1975), that the State of New Jersey had an obligation to protect and rehabilitate a juvenile who, although housed on land ceded to the federal government, is still a member of the social community of New Jersey.

Responding to Child Abuse and Neglect Under "Modified" Exclusive Federal Jurisdiction

A cooperative effort between state and military child protection agencies is considered to be the most desirable and effective approach for service delivery to abusive and neglectful families.

However, some individuals may not think that such cooperation is possible in areas of exclusive federal jurisdiction; they assert that state law cannot apply in such areas. The statutory and legal precedents given above present strong legal justification to the contrary. The Supreme Court's determination in Howard v. Commissioners that a federal installation is part of the state within which it is located would seem to dictate that a child present on the installation is "in the state" for purposes of the child protection laws. Therefore, in the absence of any jurisdictional impediment, a child on the installation is entitled to the protection of state law. Because the exercise of state law in this area does not interfere with any federal assertion of jurisdiction, and in fact is quite consistent with expressed Congressional policy, there appears to be no jurisdictional impediment. Moreover, case precedents would seem to support a federal enclave resident's entitlement to the benefits of state law. An enclave resident is considered to be a resident of the state, and a denial of benefits to child residents of the federal enclave would, therefore, contradict the equal protection mandate of the Fourteenth Amendment. Consequently, it can be concluded that state child protection laws may be applied to a military installation comprised of land areas with exclusive federal jurisdiction.

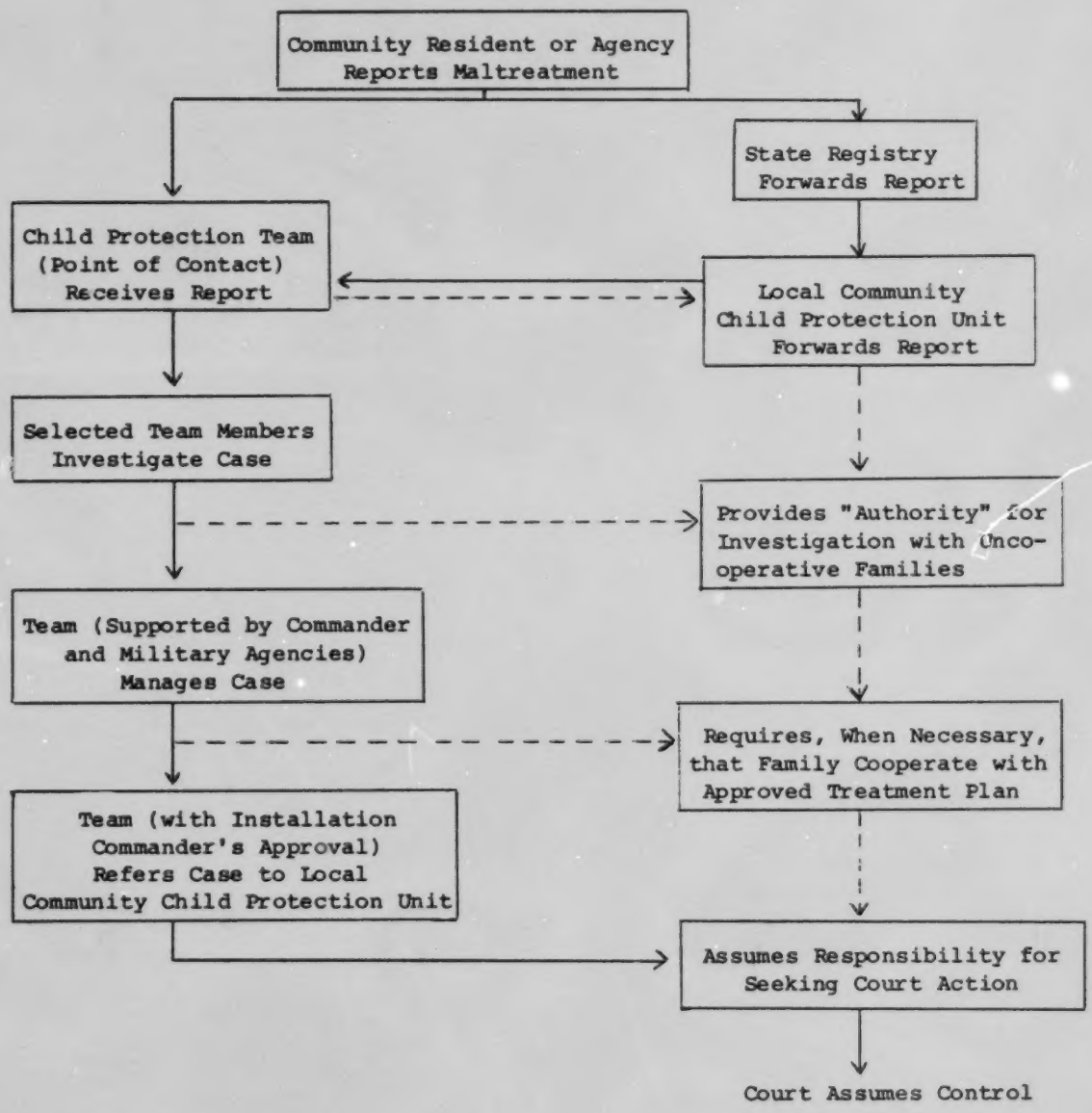
Assuming that these arguments and a cooperative case management approach have been adopted for the exclusive federal jurisdiction area in question, the case management plan for that "modified" jurisdictional situation is as illustrated in Exhibit II on the following page. It should be noted that the recommended approach under this plan is that the military accept primary responsibility for case management and call upon state resources only when necessary. Communication between the two agencies is encouraged at all stages. However, such control by the military is not absolutely required. Case management responsibilities may be allocated as necessary or desired by mutual arrangement between military and state authorities.

Responding to Child Abuse and Neglect With State Control

Where the jurisdictional scheme of the installation permits and the installation's command desires, it may be preferable to establish a cooperative effort for child protective service delivery in which the state has primary responsibility. Military treatment resources are utilized to the maximum extent possible; however, control of the case rests with the state child protection agency. The case management plan in this situation follows a pattern illustrated in Exhibit III.

EXHIBIT II

RESPONDING TO CHILD ABUSE AND NEGLECT WITH
"MODIFIED" EXCLUSIVE FEDERAL JURISDICTION

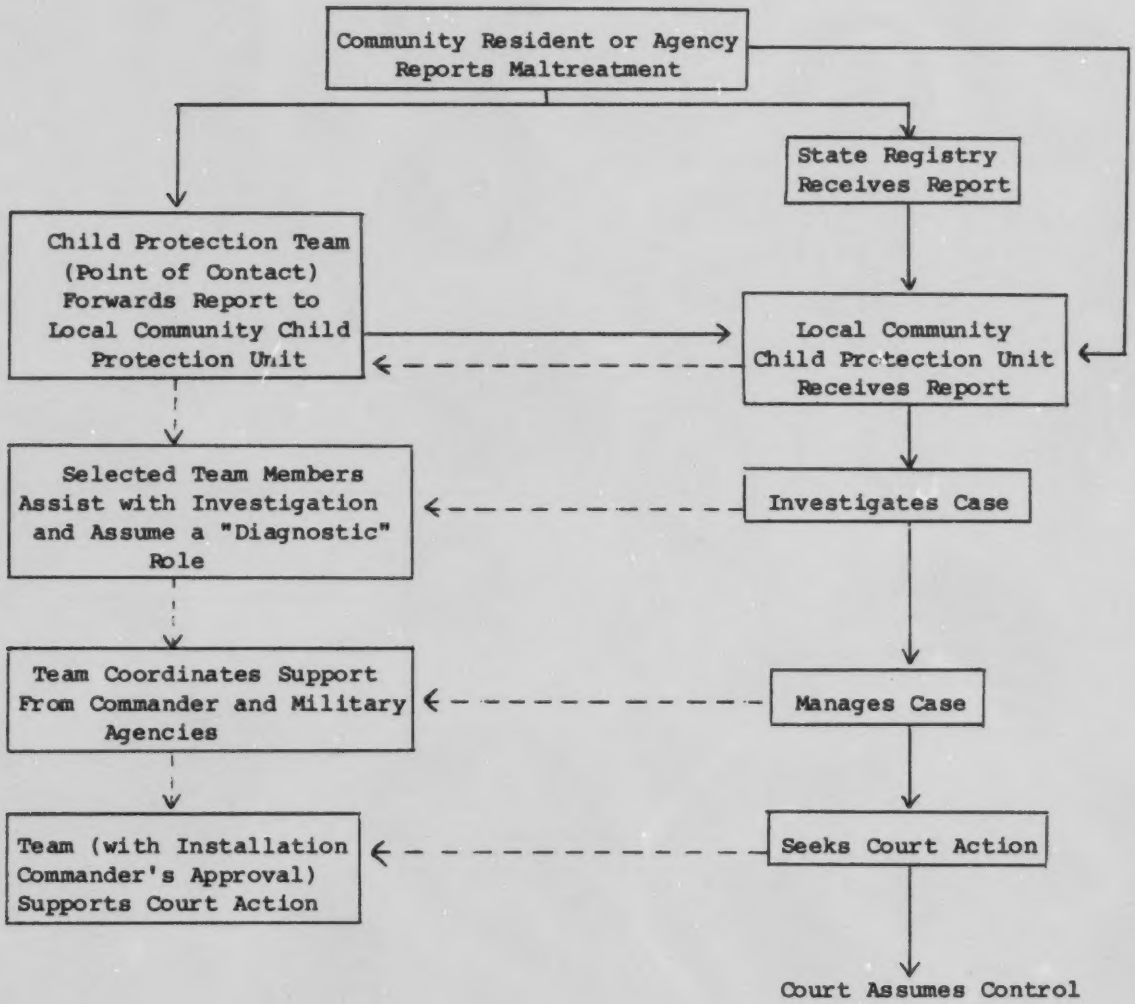

Community Resident or Agency Reports Maltreatment
State Registry Forwards Report
Child Protection Team (Point of Contact) Receives Report
Local Community Child Protection Unit Forwards Report
Selected Team Members Investigate Case
Provides "Authority" for Investigation with Uncooperative Families
Team (Supported by Commander and Military Agencies) Manages Case
Requires, When Necessary, that Family Cooperate with Approved Treatment Plan
Team (with Installation Commander's Approval) Refers Case to Local Community Child Protection Unit
Assumes Responsibility for Seeking Court Action
Court Assumes Control

_____ Primary Responsibility

---------- Secondary Responsibility

EXHIBIT III

RESPONDING TO CHILD ABUSE AND NEGLECT
WITH STATE CONTROL


Community Resident or Agency Reports Maltreatment
State Registry Receives Report
Child Protection Team (Point of Contact) Forwards Report to Local Community Child Protection Unit
Local Community Child Protection Unit Receives Report
Selected Team Members Assist with Investigation and Assume a "Diagnostic" Role
Investigates Case
Team Coordinates Support From Commander and Military Agencies
Manages Case
Team (with Installation Commander's Approval) Supports Court Action
Seeks Court Action
Court Assumes Control

_____Primary Responsibility

---------Secondary Responsibility

SUMMARY OF JURISDICTIONAL ISSUES

Normally, state child protection laws and procedures establish a total system designed to meet any problem arising from reports of known or suspected child maltreament. Access to a court or judge is possible, when necessary, to enforce case management decisions. Available military resources may be used by the state as appropriate and desired at any stage. In that manner, the military does not abandon the case, which, of course, involves military personnel and on-post residents. However, current military procedures do not provide the options available in most state systems. Therefore, case responsibility should be assigned to the state agency, and military resources should be called upon to facilitate treatment and ease the burden resulting from the addition of military cases to the agency's overall workload.

A formal agreement between state and military authorities should be executed. Such an agreement sets forth basic principles and establishes groundrules and treatment responsibilities. The agreement also serves as a document of record for future reference by succeeding military commands and agency personnel.

The matter of jurisdiction is not particularly significant under the third case management plan discussed above. All that is required is a jurisdictional scheme that gives the state some degree of authority to act in child maltreatment cases occurring within the federal land area. Details may then be worked out by mutual arrangement. However if the arguments regarding "modified" exclusive federal jurisdiction are accepted, state involvement is permissible in any child maltreatment case occurring on a federal installation.

MANDATORY REPORTING--CIVIL AND CRIMINAL PENALTIES

Most states include in their child protection laws a provision requiring mandatory reporting by certain professionals in cases where there is cause to suspect that a child coming before them is an abused or neglected child. Such reports are normally filed with a local child protection agency or a statewide central registry. A great many of the states having mandatory reporting requirements also impose a criminal penalty for a "knowing" and/or "willful" failure to report. Such a failure to report generally constitutes a misdemeanor. Additionally, a small number of states having mandatory reporting requirements also provide that any person required to report in cases of suspected child abuse or neglect who knowingly and/or willfully fails to do so is civilly liable

for injuries and damages proximately caused by their failure to report. Therefore, applying state child protection laws at a federal military installation would, theoretically, obligate certain military personnel (law enforcement and hospital personnel primarily) to comply with state reporting requirements. In theory, it would also subject them to penalties for a willful failure to do so. The question then arises regarding to what extent military personnel are in fact subject to either civil or criminal penalties for violations of state reporting laws.

Philosophy

Initially, it must be assumed that military personnel will make any reports required either by state law or military regulations. Reporting within military channels is routine (for example, the Army has a central registry at Health Services Command, Ft. Sam Houston, Texas, and reports of suspected or confirmed cases of maltreatment are required by regulation) and the added obligation to make a report to the state is not unduly burdensome. Most states accept initial reports orally by telephone and have established statewide central registries to facilitate case reporting. The benefits to be gained by the military installation in using a state system and resources far outweigh any accompanying burdens and so compliance with state law is advantageous. It is especially important that a local policy be developed which spells out the cooperative military/civilian approach. Moreover, a willful failure to report is normally required in order to support civil or criminal liability; following a command determination and decision to use state law on post, it is expected that such willful noncompliance with reporting requirements would not occur. Therefore, the civil and criminal penalty aspects of state law, as they relate to mandatory reporting of child maltreatment, should never be at issue with regard to military personnel acting on post. However, if the question does arise, it must be analyzed separately with regard to its civil and criminal aspects.

Basic Legal Concepts--Criminal Penalties

State criminal laws normally extend throughout land areas in which the United States has only a proprietorial interest, areas under concurrent federal jurisdiction, and areas under partial jurisdiction to the extent covered by a reservation of state authority. Federal criminal law, as such, applies within exclusive jurisdiction areas, those under concurrent jurisdiction, and those under partial jurisdiction to the extent not precluded by a reservation of state authority. In contrast to the situation prevailing with respect to civil law, Congress has enacted a comprehensive body of criminal law applying on lands within the exclusive or concurrent jursidiction of the United States. Most major crimes within such

areas are covered by individual provisions of Title 18, United States Code. For the most part, minor federal offenses are not provided for in specific terms. Instead, Congress has adopted the provisions of state law as federal substantive law through the Assimilative Crimes Act (18 U.S. Code, section 13). This statute provides that whoever within or upon areas under exclusive or concurrent federal jurisdiction is guilty of any act or omission which, although not made punishable by any act of Congress, would be punishable if committed or omitted within the jurisdiction of the surrounding state, territory, possession, or district in which such place is situated, then that person is guilty of a like offense and is subject to a like punishment as a matter of federal law.

It must be emphasized that prosecutions under the Assimilative Crimes Act are not to enforce the state law, but to enforce federal criminal law, the details of which have been adopted by reference. The Act operates only where no federal statute defines a certain offense or provides for its punishment and the state has done so. Also, some provisions of state criminal law cannot be adopted as federal criminal law within exclusive or concurrent jurisdiction areas, usually because of express limitations or terminology in the state statute. Sometimes it is obvious by the very nature of the state law that it cannot be applied, such as where the law provides for the crime of defacing state buildings or property. Finally, state law which is contrary to federal policies or regulations is not adopted under the Assimilative Crimes Act.

The so-called "federal supremacy" doctrine must also be considered. It is derived from the supremacy clause of the Constitution and protects the federal government from burdensome state regulation. That doctrine underlies existing principles of law regarding the amenability of military personnel to state criminal law and prosecutions. As a rule, military personnel are not subject to the criminal sanctions of a state for acts done within the scope of their duties. If a service member is held by state authorities for trial for an act committed while in federal service and pursuant to such service, the service member can apply for a writ of habeas corpus in federal district court. The writ will be denied, however, upon a showing by the state prosecutor that unreasonable force was used in discharging duties; that the acts complained of were done wantonly or with criminal intent; or that the act, in the case of an officer, was manifestly beyond the scope of authority. In the case of a service member who alleges he or she was only following orders, relief will be denied if it is shown that the order was clearly illegal on its face. This immunity of military personnel from state prosecution is, therefore, not absolute. The

reasonableness of the conduct will be examined to determine whether the acts were done in good faith, within the scope of duty, and without criminal intent. The writ of habeas corpus will be granted and summary judgment rendered for the defendant, so long as he or she did no more than was necessary and proper under the circumstances.

If a federal officer or service member should fail in the application for a writ of habeas corpus, he or she can apply for removal of the pending suit to federal district court. If successful, the suit would then be tried in federal court. The basis for removal, under a federal statute, is that the act complained of was done pursuant to duty or a law of the United States. The general purpose of the removal statute is to protect the federal government from harassment by unsympathetic state courts and legislatures. Anyone who seeks removal of a suit to federal court must show that violation of state law was justified or required by federal duty. Where the violation arises out of acts done under law or federal authority, removal is mandatory under the removal statute (28 U.S. Code, sections 1442, 1442a).

Mandatory Reporting and Military Personnel--Criminal Penalties

In light of the foregoing basic principles, conclusions may now be drawn as to the criminal liability of military personnel who willfully or knowingly violate state child maltreatment reporting laws. The Assimilative Crimes Act operates where there is no federal statute defining a certain offense and the state has done so. As that would be the situation for mandatory reporting of child maltreatment (federal law does not set forth specific child protection procedures), it appears that the Assimilative Crimes Act results in adoption of reporting statutes as federal law for purposes of application to military installations of exclusive or concurrent federal legislative jurisdiction. Such a result would not be inconsistent with federal policies (for example, the Child Abuse Prevention and Treatment Act mentioned previously). Consequently, it follows that a state could request a federal prosecution for a willful violation of a state child maltreatment reporting statute.

A second approach is possible. If previous arguments as to "modified" exclusive federal legislative jurisdiction are accepted, state child protection laws can be applied in areas of exclusive federal jurisdiction. (In the other jurisdictional situations, state law already applies to varying degrees.) Thus, regardless of

the jurisdictional scheme, state child protection laws, including mandatory case reporting, can apply on post. It follows, then, that the state could attempt to prosecute for violations of that law. The option of the officer or service member in question to seek a writ of habeas corpus or removal to federal district court would not appear to apply because the failure to report would have been done with criminal intent (remember, the violation, by definition, must have been knowing or willful) and, under the circumstances, could probably not be justified as reasonable and within the scope of duty. Therefore, it appears that a state criminal prosecution is also possible for a willful or knowing violation of a state child maltreatment reporting statute.

Basic Legal Concepts--Civil Liability

As may be the case with regard to criminal penalties, in the area of civil liability courts also review acts of military personnel in order to determine whether they were acting within the scope of their authority or powers, or if they were acting under federal law. If the review finds they were so acting, the courts will generally grant immunity for such acts. Even allegations of malice on the part of a federal officer carrying out his duties have been held to be insufficient to make him liable for his acts as long as the acts are within the scope of authority. Through the years, the immunity granted has been broadened by the courts, both in terms of persons protected by the doctrine and in the definitions of the terms "scope of authority" and "under color of law." Persons acting within the scope of their authority or under color of law are protected under present law so long as their acts can be said to be within the "outer perimeter" of their line of duty or scope of authority. Thus, absolute immunity will be granted a federal officer or service member who acts within the broad general outline of authority so long as the Constitution is not violated.

Military personnel facing litigation for civil damages in a state court for an act done within the scope of their duty may have the lawsuit removed to a federal district court in the same manner as those facing criminal prosecution in a state court. After removal of the case, it is then tried in federal court.

With regard to civil damages, the Federal Tort Claims Act (28 U.S. Code, section 2671-2680) should also be mentioned. The Federal Tort Claims Act provides for liability of the United States for claims for money damages, for property damage, or for injury or death caused by the negligence of government employees acting within the scope of their duties. Essentially, because of this Act, the government is liable for the acts of its employees in the

same manner and to the same extent as a private individual would be in similar circumstances, but with some exceptions.

Under the Federal Tort Claims Act, military personnel injured "incident to service" are excluded as claimants or litigants. However, spouses and dependents of service members are not affected by the "incident to service" rule. That is so even if they are using military benefits because of their sponsor's military status. Consequently, dependent personnel injured by government negligence may claim or sue under the Federal Tort Claims Act.

Under this Act, the issue of negligence is determined in accordance with the principles of law of the state where the allegedly negligent act or omission occurred. Also, the presence of the Federal Tort Claims Act allowing recovery against the United States for the negligence of its employees provides substantial protection for the government employee or service member being sued. The opportunity to sue the United States, with its larger financial resources, is normally more attractive to the injured party than a suit against the individual. The Federal Tort Claims Act provides that a judgment against the government will bar a subsequent suit against the individual. However, in theory, it should be assumed that government employees and officers are individually liable for their acts. That liability may be particularly significant where action under the Federal Tort Claims Act is prohibited (for example, by the exceptions for intentional injuries such as assault, battery, or false imprisonment).

Finally, the presence of a statute or regulation governing the questioned activity may also be significant. Compliance with mandatory requirements of a statute or regulation will protect the government and the employee. By contrast, if a federal employee has violated a mandatory provision, the government has been held liable.

Mandatory Reporting and Military Personnel--Civil Liability

These principles of law regarding civil liability of government employees, including military personnel, are well established. However, their application and analysis in relationship to child maltreatment reporting statutes is uncertain, primarily because at this time it is a novel question and no guidance on the specific point exists. Essentially, it is an area subject to individual judgment and decision by the person making the analysis. Incidentally, the same is actually true for the criminal liability issues as well.

In any event, the individual being sued must have at least been negligent in his or her actions (either in not reporting the case or in treating the child at the time) before civil liability for injuries could result. In general, "negligence" is the failure to act with the due care of a reasonable prudent person in the circumstances. Liability also results from intentional conduct, but it is assumed that intentional injuries would never be inflicted by military personnel involved in a case. However, intentional non-reporting (which is required for liability by the few statutes in this area) could occur with injuries proximately resulting therefrom. Negligence is also required when the lawsuit involves the federal government (that is, is based upon the Federal Tort Claims Act).

Most probably, an intentional or negligent failure to report a case of child maltreatment would not be considered to fall within the "scope of duty" of the individual in question, particularly where such a report would otherwise be indicated in the situation. Therefore, "line of duty" immunity is unlikely. (However, the mere presence of that issue in the case would probably result in the case being tried in federal rather than state court.) Also, failure to report a suspected case of child maltreatment under circumstances warranting such a report and appropriate follow-up action would not seem to be reasonable and, therefore, could be considered negligent. Moreover, the existence of a reporting statute is relevant. A willful or knowing noncompliance with such a requirement (with resultant injuries) alone could constitute negligence. At the least, it would be evidence or an indication of negligence.

In this area, perhaps the best approach to take is to avoid the issue of liability entirely by always acting reasonably under the circumstances and by making all required reports when warranted. Otherwise a possibility of civil liability exists for any injuries or deaths proximately caused by the failure to report.

SUMMARY OF REPORTING ISSUES

Applying state child protection laws to a military installation affords the protections, benefits, and resources of the state system to the installation's residents. In theory, it will (and equitably so) also bind them to its burdens and obligations. However, as a practical matter, that should pose no problem to the military personnel involved in case identification and processing. It must be expected that such personnel will act responsibly and will perform their duties diligently and with reason and due care,

including making required reports when warranted. In that eventuality, the military community can only benefit from application of state child protection laws on post.

IV

MILITARY CHILD ADVOCACY PROGRAMS

The Air Force, Army, and Navy have developed Child Advocacy Programs which specify internal procedures for identifying, reporting, evaluating, treating, and preventing child abuse and neglect in military families. The regulations also address the use of the civilian community. This chapter presents overviews of each of these programs.

It is important to remember that, although this chapter includes information on the services' current programs, these efforts are in a state of flux. Currently, all three service branches are working together to develop a tri-service policy on child maltreatment and domestic violence.

AIR FORCE CHILD ADVOCACY PROGRAM*

Although several Air Force medical facilities had developed local programs directed toward medical aspects of child abuse and neglect, the development of an official Air Force program did not begin until July of 1973. At that time, a meeting was held with representatives from the Office of the Assistant Secretary of Defense for Health and Environment (now designated as the Office of the Assistant Secretary of Defense for Health Affairs), the three military services, and a leading authority on child maltreatment. The subject of this meeting was a discussion of military programs involved in the response to child maltreatment. After the meeting, the Air Force began to develop an official child advocacy regulation. In April of 1975 Air Force Regulation 160-38, the basis for the Defense Department's first formally established child advocacy program, was issued. Exhibit IV on the following page depicts the structure of the Air Force Child Advocacy Program. Exhibit V describes the membership of local Air Force Child Advocacy Committees.

The Air Force program is managed by the Social Work Program Manager, Clinical Consultants Division, Office of the Surgeon General. At Major Air Command level, the program is managed by a coordinator in the Surgeon's office. Each major Air Force command has a child

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* Material adapted from Military Child Advocacy Programs: Victims of Neglect. Comptroller General's Report to the Congress, Prepared by the Staff of the U.S. General Accounting Office.

EXHIBIT IV

AIR FORCE CHILD ADVOCACY PROGRAM

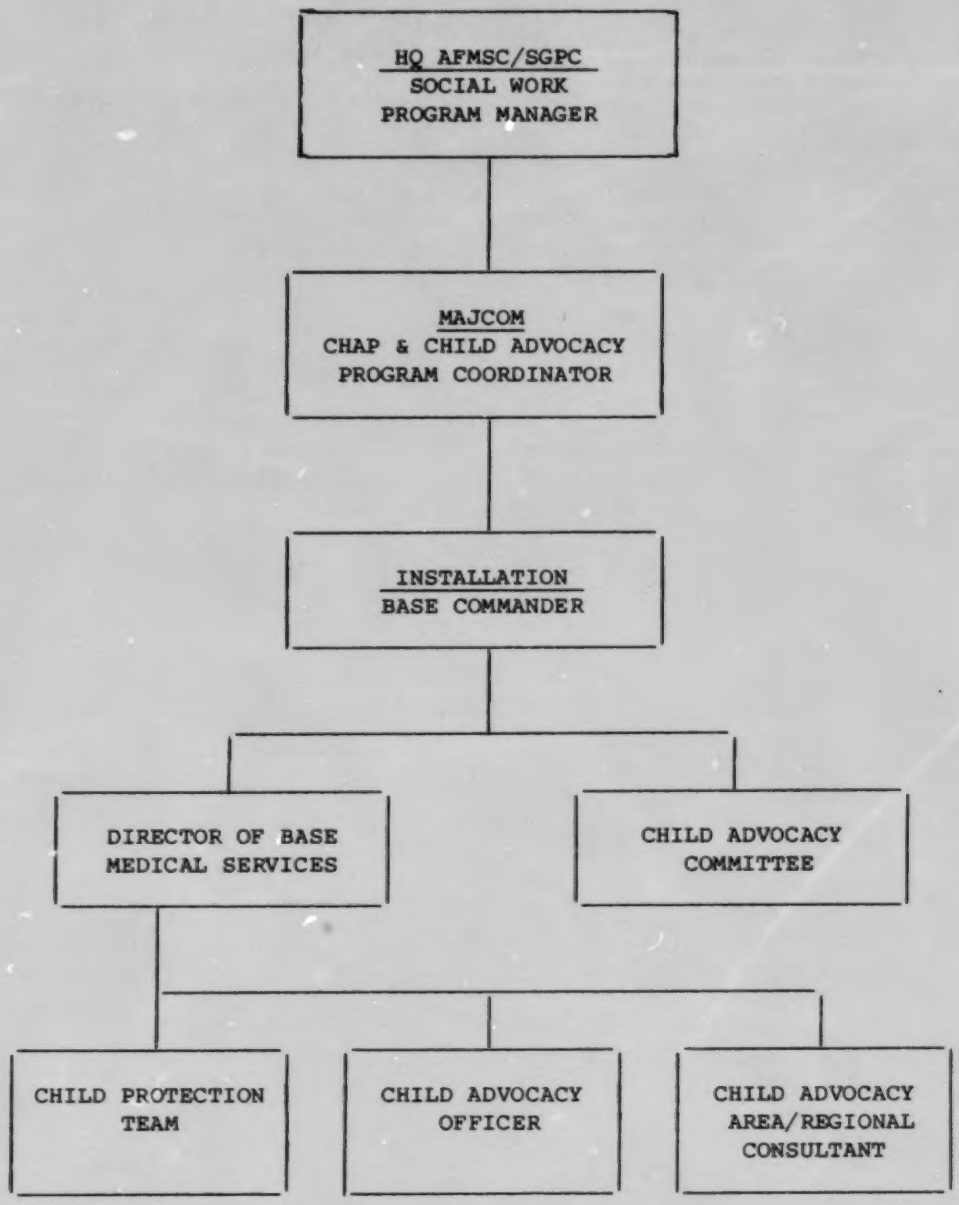

EXHIBIT V

AIR FORCE BASE CHILD ADVOCACY PROGRAM

The Child Advocacy Committee on an Air Force Base includes:

- Director of Base Medical Services or Chief of Hospital Services (Chairman)
- Children Have A Potential (CHAP) and Child Advocacy Officer
- Staff Judge Advocate
- Deputy of Personnel
- Security police
- Local (county or state) child protection representative
- Chaplain
- Special Services
- Other when deemed appropriate, for example, abuser's commander.

advocacy program coordinator. All medical centers and regional hospitals have senior clinical social workers who serve as consultants for their local programs. Installation commanders are responsible for overall program operation and each installation must have a Child Advocacy Committee, which is chaired by the hospital commander or the chief of hospital services. The committee includes representatives from the Judge Advocate, personnel, security police, chaplain, and special services offices. The Child Advocacy Committee, which meets at least quarterly, reviews all cases of suspected child abuse and neglect and determines whether abuse or neglect is occurring.

The central figure at the installation level is the Child Advocacy Officer who serves as a liaison between the military installation, nearby civilian social welfare organizations, and the juvenile or family court. This individual also maintains all records, serves on the Child Advocacy Committee, and is responsible for such activities as primary prevention efforts and inservice training of medical staff. In addition, child protection teams may be established at a medical facility, and each medical center and regional hospital has a senior social work officer serving as an area or regional child abuse advocacy consultant.

Similar to the other services' child advocacy regulations the Air Force Program stresses the importance of interaction between local military and civilian social service programs to ensure effective use of all available resources. The Air Force regulation states that the installation commander will cooperate and coordinate with local social service and welfare authorities who have responsibility for monitoring similar civilian programs to facilitate obtaining local services where it is considered in the best interest of the service member and/or his or her dependents.

The Air Force maintains the most comprehensive system in the military for tracking child maltreatment problems. It consists of a computerized registry (DCII) for recording suspected cases and a manual registry for recording confirmed child maltreatment cases. Confirmed cases of child maltreatment are forwarded by the local Child Advocacy Committee to the Central Register at the Air Force Medical Service Center, Brooks Air Force Base, Texas. Suspected cases are reported to the Air Force Office of Special Investigation and then transmitted through their closed investigative channels. These records cannot be accessed by outside agencies. When the Special Investigation staff verifies that a previous report of suspected child maltreatment is on record, they forward this information by telegram back to Special Investigation staff at the installation. The information is then given to local child advocacy officials.

ARMY CHILD ADVOCACY PROGRAM* (ACAP)

The Army Child Advocacy Program focuses attention on the special needs of children and ensures that those needs are adequately addressed through provision or coordination of necessary services. This program is often heavily dependent on local civilian agencies for services, thus necessitating the development of effective linkages with civilian agency personnel.

Organization of the Program

Army Child Advocacy Program regulations specify the responsibilities of the command and relevant personnel in the prevention, identification and treatment of child abuse and neglect. Exhibits VI and VII describe the structure of the Army Child Advocacy Program and membership on the Army Community Service/Human Resource Council, respectively. The Surgeon General must support the Army Child Advocacy Program with resources and technical assistance and will:

- establish a system for collecting data on cases of child maltreatment
- supervise the medical and psychosocial aspects of identifying, preventing and treating child maltreatment.

The Chief of Chaplains must also provide resources and technical assistance in support of the Program. The Chief of Public Affairs must coordinate information concerning the Program, and the Judge Advocate General must provide legal advice to the Program, as required.

At the installation level, the installation commander is responsible for

- appointing an Army Child Advocacy Program Officer (normally the Army Community Service Officer or social worker) to monitor and provide staff supervision of the installation child advocacy program and to serve on the Child Protection and Case Management Team (CPCMT)
- reviewing reports of advocacy program activities and consulting with the advocacy program officer to keep informed of program activities.

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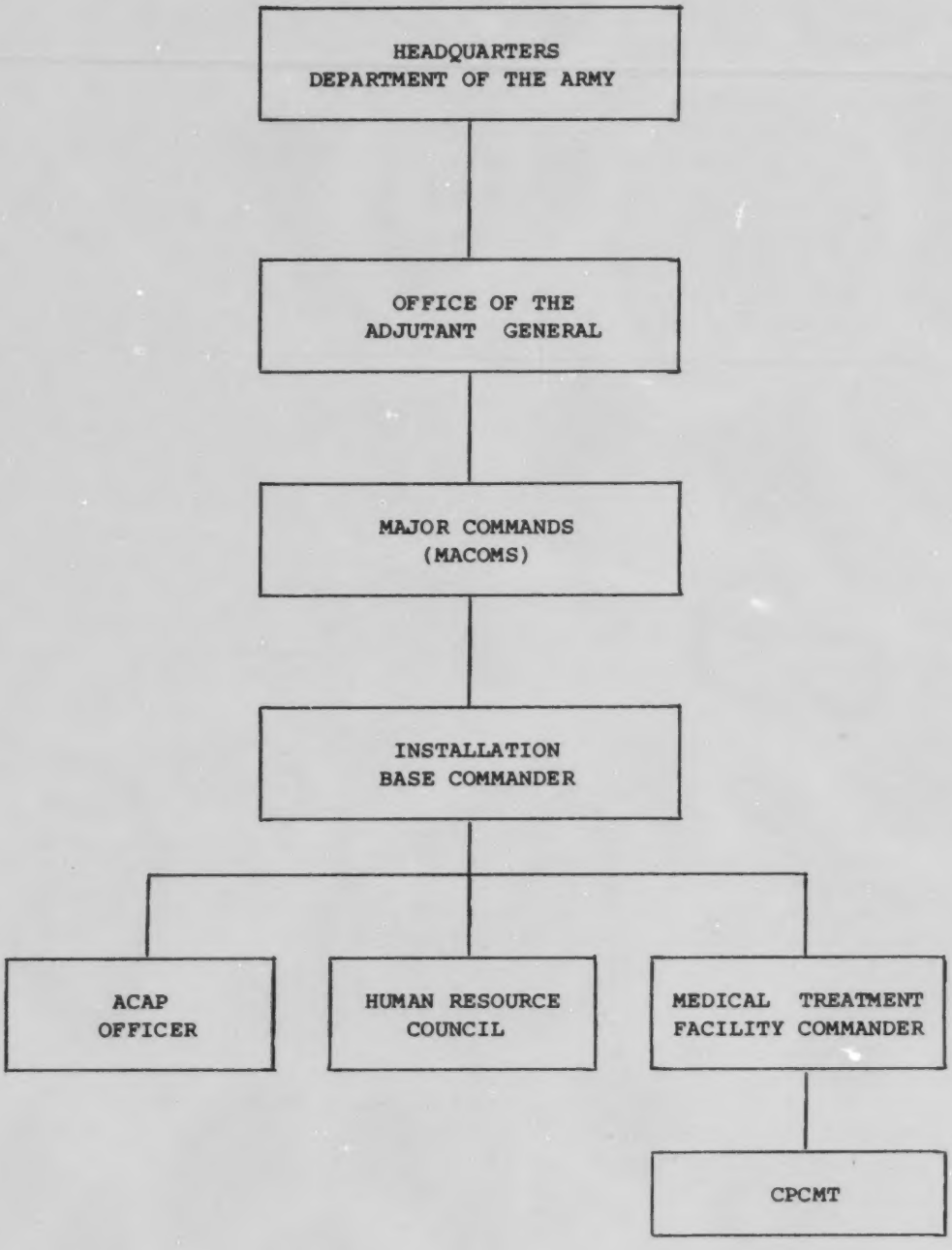
* Adapted from Army Regulation No. 608-1, Army Community Service Program, Department of the Army.

EXHIBIT VI

ARMY CHILD ADVOCACY PROGRAM*



*ACAP is one of six essential programs within the Army Community Services.

EXHIBIT VII

INSTALLATION ARMY COMMUNITY SERVICE/ HUMAN RESOURCE COUNCIL

Commanders

Deputy Installation Commander (Chairperson)
Major unit commanders (battalion level and higher)
Tenant unit commanders
Installation Command Sergeant Major

Key Staff Officers

G1/Director of Personnel and Community Action
G4/Director of Industrial Operations
Adjutant General
Staff Judge Advocate
Provost Marshal
Director of Facilities Engineering
Surgeon/Director of Health Services
Chaplain
Public Affairs Officer
Comptroller Representative

Morale, Health, and Welfare Program Principals

ACS Officer
Community Health Nurse
Chief, Social Work Service
Chief, Community Mental Health Agency
Field Director, ARC
RR/EO Officer
Equal Employment Opportunity Officer
Alcohol and Drug Control Officer
Morale Support Fund Council Representative(s)
Housing Officer
Morale Support Activities Officer
Education Officer
Schools Officer
Chairperson, CPCMT
ACAP Officer
Military Police Youth and Family Services Representative
Retired Services Officer
Child Support Services Coordinator

The Commander of the medical treatment facility is responsible for appointing and supervising a multidisciplinary case management team, which is designed to aid in evaluating, diagnosing, and treating child maltreatment cases. The team usually includes pediatricians, psychiatrists, psychologists, social workers, nurses, lawyers, the advocacy program officer, and the Army Community Service social worker; it may also incude law enforcement personnel, civilian CPS workers, chaplains, occupational therapists, and any other personnel who can make a contribution to case evaluation and treatment. The Commander of the medical treatment facility must also designate a member of the team to receive and take initial action on all reports of child maltreatment. In addition, the Commander will gather data and report on all cases of child abuse and neglect which come to the attention of the medical treatment facility.

The installation chaplain is responsible for providing technical assistance to the child advocacy program and ensuring that all members of his or her staff assist and/or refer families in stress. The installation staff judge advocate must provide legal advice to the commander and to advocacy program personnel. The installation provost marshal will coordinate with civilian law enforcement agencies and promptly investigate cases of alleged child maltreatment reported to him or her in coordination with the case management team.

The installation advocacy program officer is responsible for:

- assessing the special needs of dependent children
- identifying deficiencies in services for children
- planning and coordinating services for eligible families
- developing and publicizing reporting procedures
- coordinating with the commander of the medical treatment facility and the provost marshal or security officer to ensure that all reported incidents receive immediate action, treatment, and follow up services
- planning and coordinating a postwide prevention and educational program
- establishing and maintaining effective working relationships with local civilian agencies
- establishing and/or monitoring a foster care program, as necessary.

Identification, Treatment, and Reporting of Child Maltreatment

All installation medical personnel, social workers, law enforcement personnel, school officials and child care personnel are required to report to the designated contact person. Army Child Advocacy Program regulations encourage all military and civilian members of the installation community to report all incidents of alleged child maltreatment to the designated case management team contact person or to the military or security police.

The regulations provide that all alleged cases of child maltreatment must be referred to the medical treatment facility for examination, treatment, and evaluation. The attending physician is required to inform the team contact person of the results of the medical evaluation.

The case management team has responsibility for:

- investigating all alleged child maltreatment cases
- completing and forwarding a Case Management Incident Report in all child maltreatment cases
- evaluating alleged child maltreatment cases
- determining dispositions of specific cases
- coordinating and using available military and civilian resources to treat children and families
- informing the advocacy program officer of procedural and coordination problems in the service delivery system
- identifying conditions that lead to child maltreatment and that hinder reporting and treatment.

Prevention Program

The regulations indicate that:

- A child advocacy publicity program should be established to disseminate information about the existence of the program, reporting procedures, and the telephone number of the case management team contact person. These publicity efforts are focused on reaching potential sources of case reports.

- A child advocacy education program must be established to provide personnel with training in child maltreatment identification, treatment, and prevention activities. Installation commanders are encouraged to sponsor special programs in order to improve parenting skills.

NAVY FAMILY ADVOCACY PROGRAM*

Organization of the Program

In July 1979, the Navy Family Advocacy Program (formerly Child Advocacy Program) instruction went into effect. It is applicable to all Bureau of Medicine and Surgery (BUMED) medical and dental treatment activities. Family advocacy, for purposes of this program, includes identification, evaluation, intervention, treatment, and prevention of abuse, neglect, sexual assault and rape.

The Chief of the Bureau of Medicine and Surgery is responsible for establishing broad policies regarding the Family Advocacy Program throughout the Navy Medical Department. A Central Family Advocacy Committee has been established including representatives of the Surgeon General, Judge Advocate General, Naval Military Personnel Command, Commandant of the Marine Corps, Chief of Chaplains, and other appropriate commands. This committee is responsible for:

- submitting recommendations regarding program management and expansion to the Chief of the Bureau of Medicine and Surgery and the Head of the Family Advocacy Program

- forming three major committees on child abuse and neglect, spouse abuse and neglect, sexual assault and rape; each working committee will

  -- review Navy and Marine Corps cases submitted to the Central Registry on a monthly basis

  -- submit recommendations concerning disposition of cases to the Chief of the Bureau of Medicine and Surgery and the Head of the Child Advocacy Program

  -- submit recommendations regarding program management and expansion to the Central Family Advocacy Committee.

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* Material adapted from BUMED Instruction 6320.57, Department of the Navy.

The regulations state that the Head of the Family Advocacy Program is responsible for:

- ensuring that all Bureau of Medicine and Surgery activities establish a Family Advocacy Program in compliance with this instruction
- assisting local commands in implementing this instruction
- overseeing the functioning of Family Advocacy Programs at all Bureau of Medicine and Surgery activities
- maintaining statistical reports on all suspected cases of child abuse and neglect (without identifying information)
- maintaining a central registry of all established cases of child abuse and neglect
- submitting program recommendations to the Chief of Bureau of Medicine and Surgery.

Commanding officers of all Naval medical and dental treatment facilities are responsible for implementing local Family Advocacy Programs. They are expected to use incidence data as a management tool for evaluating and improving their programs and to maintain liaison with appropriate line committees in order to effectively implement and manage their programs.

Naval medical centers, regional medical centers and hospitals must establish local policies and directives for implementation of a Family Advocacy Program at their commands. A social worker or, in the absence of a social worker, a senior member of the command should be designated as Family Advocacy Representative; this individual's duties consist of implementing and managing the local Family Advocacy Program. A roster of Duty Family Advocacy Representatives should be compiled. These individuals serve as adjuncts to Family Advocacy Representatives or assume their duties in their absence.

A standing Family Advocacy Committee should be established, including: lawyers (if available), pediatricians, gynecologists, psychiatrists or clinical psychologists, chaplains (if available), dental officers (if available), social workers (if available), pediatric nurses, health care administrators, and others deemed appropriate by the commanding officer.

The Family Advocacy Committee should submit recommendations on program management and expansion to the commanding officer. This Committee should ensure that all subordinate medical facilities establish local directives and reporting procedures in support of the Family Advocacy Program. It should also be divided into three working committees on child abuse and neglect, spouse abuse and neglect, and sexual assault and rape. These working committees are responsible for:

- reviewing suspected cases and evaluating the quality of services provided
- ensuring that each reported incident of child abuse and neglect is reviewed in a timely manner and evaluated as either unfounded, suspected, or established maltreatment
- planning for definitive management of individual and community problem situations relating to abuse, neglect, and sexual assault
- submitting recommendations concerning disposition of cases to the commanding officer
- submitting reports of suspected and established maltreatment to the Chief of the Bureau of Medicine and Surgery and the Head of the Family Advocacy Program
- making recommendations regarding program management to the Family Advocacy Committee.

Internal and External Handling of Cases

Where a victim of child abuse or spouse abuse is considered to be in imminent danger, the regulations indicate that a medical officer must initiate immediate action. This may include removal of the victim, providing required medical care or hospitalization, securing protective custody in child maltreatment cases and/or providing shelter care. The regulations emphasize that military and civilian agencies must work together to ensure rapid intervention in emergency cases.

Reporting

Local policies for reporting suspected or known abuse, neglect, sexual assault, and/or rape should be established in accordance with applicable state and local laws. All military individuals are encouraged to report all such incidents directly to the Family Advocacy Representative (or the Duty Family Advocacy Representatives) who will in turn report to the appropriate local or state agency.

Diagnosis and Treatment

The regulations state that in cases of suspected and established maltreatment the diagnosis shall consist of a brief statement as to whether the abuse or neglect was intentional or unintentional. In addition, the type of abuse or neglect should be indicated.

Interagency and interdisciplinary cooperation and sharing of information regarding treatment needs is crucial. Recommendations concerning treatment must be made available to the perpetrator's command and all military and civilian agencies with disciplinary authority over the perpetrator.

Prevention

The Family Advocacy Program includes both primary and secondary prevention efforts. The former are designed for the general military population to help them maintain adequate levels of functioning. Programs such as child care, health and dental care, religious programs, and recreational facilities should be evaluated for their effectiveness in primary prevention.

Secondary prevention is directed toward individuals and families "at risk" of child abuse or neglect who have not yet evidenced abusive and neglectful behavior. Service should be designed to assist these families in overcoming current areas of dysfunction.

In summary, each command has a unique relationship with the civilian community in which it is located. In the absence of specific national standards, each command is required to implement and manage its Family Advocacy Program within applicable local, state, and federal laws and the Bureau of Medicine and Surgery guidelines and requirements.

Exhibits VIII and IX illustrate the structure of the Navy Child Advocacy Program and the Membership of the local Navy Family Advocacy Committee, respectively.

EXHIBIT VIII

NAVY CHILD ADVOCACY PROGRAM

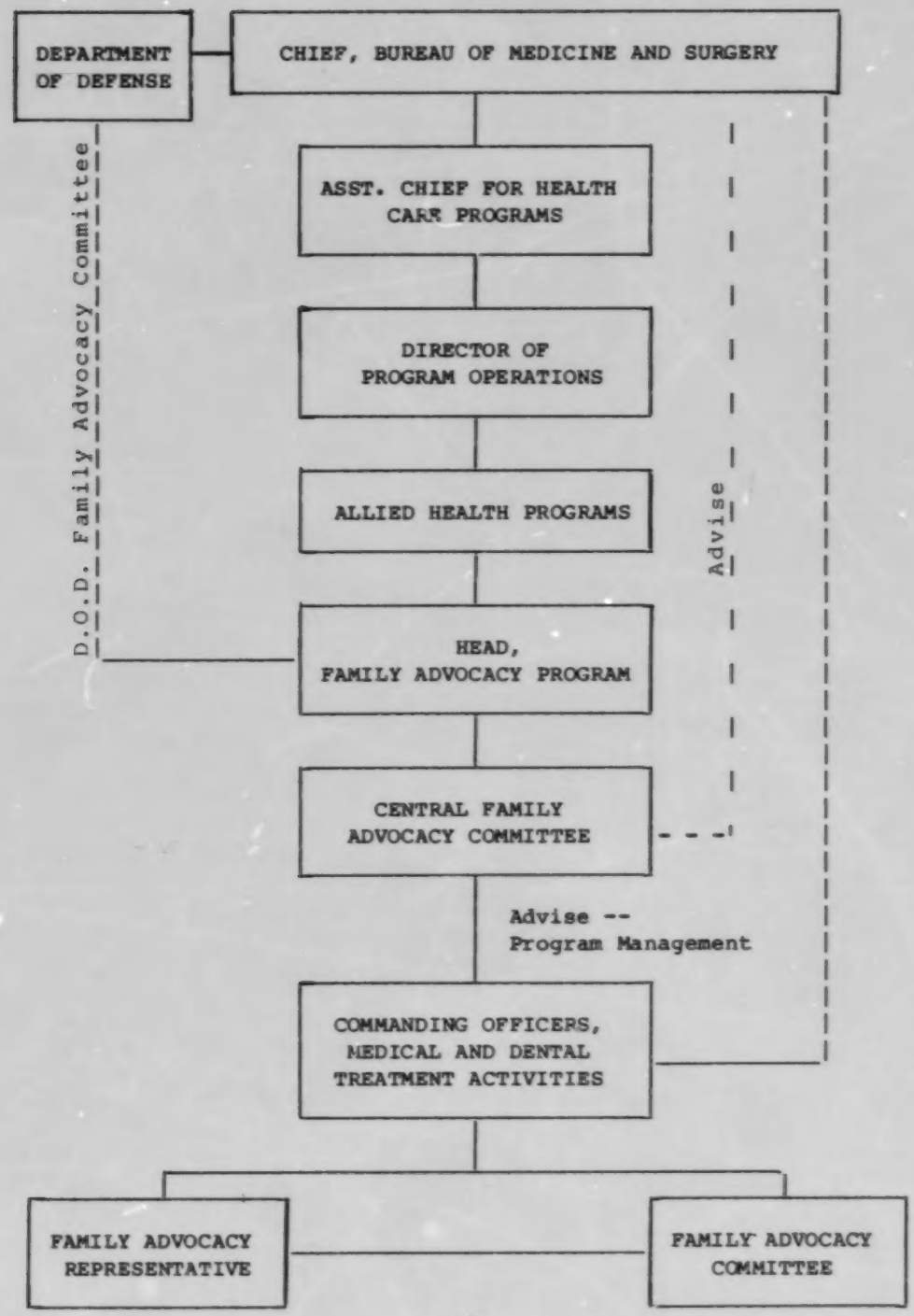

DEPARTMENT OF DEFENSE
CHIEF, BUREAU OF MEDICINE AND SURGERY
D.O.D. Family Advocacy Committee
ASST. CHIEF FOR HEALTH CARE PROGRAMS
DIRECTOR OF PROGRAM OPERATIONS
ALLIED HEALTH PROGRAMS
Advise
HEAD, FAMILY ADVOCACY PROGRAM
CENTRAL FAMILY ADVOCACY COMMITTEE
Advise -- Program Management
COMMANDING OFFICERS, MEDICAL AND DENTAL TREATMENT ACTIVITIES
FAMILY ADVOCACY REPRESENTATIVE
FAMILY ADVOCACY COMMITTEE

EXHIBIT IX

LOCAL LEVEL NAVY FAMILY ADVOCACY COMMITTEE

The Family Advocacy Committee at a Naval treatment facility shall include the following, one of whom must be a member of the command's drug/alcohol program staff:

- Chairman
- Lawyer (if available)
- Pediatrician
- Gynecologist
- Psychiatrist or clinical psychologist
- Chaplain (if available)
- Dental officer (if available)
- Social worker (if available)
- Pediatric nurse
- Health care administrator
- Other as deemed appropriate by the commanding officer.

V

A MODEL APPROACH TO MILITARY/CIVILIAN COOPERATION

Child abuse and neglect is a complex societal problem that requires a cooperative multidisciplinary and interagency response if it is to be combated effectively. Consequently, some type of understanding and working agreement between the military and civilian segments of a community is essential if child abuse and neglect within military families is to be prevented, controlled, and treated. The specific working agreement between a military installation and the adjacent civilian community in responding to child maltreatment is dependent upon a number of variables including jurisdictional arrangements, values and attitudes of military and civilian community members toward one another, and the willingness of both to accept mutual responsibility for protecting the rights and assuring the health and welfare of the children in the community.

This chapter presents a model approach to military/civilian cooperation; it may not be the answer for all military/civilian community relationships. Nevertheless, it does represent one possible cooperative approach and may be adapted for use in communities with military installations.

FACTORS INFLUENCING COOPERATION

Some of the factors that influence military/civilian cooperation in a community program are discussed below, in terms of both their potential and actual impact.

Perceptions

The perceptions of both military and civilian groups and individuals toward each other are based on individual and collective past experiences as well as on the current climate of local, state, and national military/civilian relationships. For example, within some commmunities the military and civilian populations enjoy a very positive and mutually beneficial relationship with an active effort on both parts to develop, enhance, and maintain mutual acceptance. In such cases, the military installation may have a positive economic impact upon the community and military groups may engage in community enrichment projects such as community beautification or provide assistance to civic or other groups. On the

other hand, civilians in some communities may consider the military presence disruptive, based on such factors as competition for scarce housing or employment. In addition, an incident involving an individual service member that results in injury or destruction of property within the community may cause negative perceptions to be generalized to the entire military population. Finally, national opinion toward military operations, such as the general public disapproval of the United States military actions in Vietnam, can have a strong and lasting impact upon military/civilian cooperation in a number of areas including child abuse and neglect programs and services.

Military Perceptions

At most military installations, service members have a generalized perception regarding the civilian comunity; this perception may be influenced by a variety of factors. For example, the installation may have a "closed gate" policy and actively exclude the civilian community from access to or involvement in base activities. The base may present a "we care for our own" policy or, alternatively, may hold civilian community agencies totally responsible for providing such services as education and recreation with no military involvement or assistance. On the other hand, the installation may have an "open gate" policy and encourage civilian awareness and involvement by sponsoring such activities as an annual open house where all community members are invited to participate in tours, displays, or a carnival.

Civilian Perceptions

Civilian perceptions of the military can result in acceptance or rejection of military personnel in the community. Civilians in some communities perceive the military as intruders who should be totally responsible for their own and who should not make any demands on the community. In such cases, military families are usually viewed as "outsiders" and are not considered to be members of the community. The civilian perception of a military family may vary depending on whether the family resides on base or in the community. On the other hand, there are communities that have a very accepting attitude toward military families and take an active role in welcoming them into the community and including them in community activities.

Acceptance of Responsibility

Without a mutual acceptance of responsibility by military and civilian agencies in the community for providing child protective

services, their independent child abuse and neglect programs will be less effective.

Geographic Location, Size and Installation Resources

The geographic location and size of the military installation, as well as the availability and quality of resources on the installation, have a significant influence on the nature of the working agreement betweeen military and civilian agencies. In a situation where a large military installation is located in a rural area, the military's resources and child abuse/neglect response capability will most likely be greater than that of the civilian agencies. On the other hand, a small installation in an urban area would have fewer resources and less capability. In either of these situations, a cooperative agreement with regard to child abuse and neglect cases can be beneficial to both military and civilian populations.

Jurisdiction

Legislative jurisdiction is an extremely important factor in the development of a formal military/civilian working agreement. This issue is discussed in detail in Chapter III of this manual. In summary, both the military command and civilian judicial system must have a clear understanding of the nature of the legislative jurisdiction that exists in their own area and the implications it has for responsibility and authority in responding to incidents of child maltreatment. Even where exclusive federal legislative jurisdiction exists on an installation, a cooperative military/civilian agreement of "modified" exclusive federal jurisdiction should be implemented.

Key People

Those individuals within the military command and the community political structure who have power to make decisions concerning the allocation of resources and the development of programs are extremely important in the development of a cooperative working agreement. It is essential, for example, to have the support of the installation medical center (if appropriate), base commanders, the child advocacy officer, judges in the juvenile or family court, the director of the county welfare department, child protective services supervisors and workers.

To obtain the support of key people, it is necessary that they have a basic awareness of the problem of child maltreatment. Base commanders, especially, have extensive control over the way in which

an incident of child maltreatment is handled. For example, a commander who has not been educated regarding child maltreatment may perceive such an incident as a discipline problem and may support criminal prosecution of the perpetrator, even though this may be counterproductive for the family. The perpetrator's career may be ended if he or she is court martialed and convicted, or seriously affected if derogatory statements are placed in his or her record. Other commanders may avoid becoming involved in what they consider to be personal problems, as long as the service member's family problems are not reflected in diminished effectiveness at work.

In actuality, many commanders are now quite sensitive to the problem of child maltreatment and are aware of resources available to remedy the problem. Commanders who are educated with regard to child maltreatment are likely to support the concept of providing services which are designed to rehabilitate the family.

Strategies for Implementation

Due to scarce resources and competition for them, an effective strategy for the development and implementation of a cooperative working agreement is essential. The strategy should include such activities as assessing and documenting the community need for child abuse and neglect services including availability, duplication and gaps in services. The support of key people, both civilian and military, is essential; these key people must be convinced that a cooperative approach is cost effective and clearly worth the investment of resources. Key people, such as commanders and supervisors, should understand that family stability has a direct bearing on job effectiveness. In addition, they should understand the legal and humanitarian rationales for child abuse and neglect programs and the associated liability for failure to fulfill these responsibilities. This may require a collective effort on the part of workers, agencies and the community. For example, a military Medical Child Protection Team could form a coalition to obtain the support and sanction of the medical center commander to increase military resources in response to child abuse and neglect. Also, public awareness campaigns by the local media may generate public support which will have a positive impact on community leaders. This results in the key military and civilian people providing the necessary support, sanction, and resources for the development and implementation of a cooperative approach.

The Working Agreement

The working agreement, which can range from a formal written document to a verbal understanding between parties, will influence the type and degree of cooperation that exists. An example of a written agreement to provide military personnel and support is included as Exhibit X on the following page. It should be noted that this agreement is limited in that it does not specify the responsibilities of the military and civilian agencies or their respective staff. A disadvantage of such a limited agreement is that when key military and civilian personnel change, a breakdown in the degree of ongoing cooperation between military and civilian agencies may result.

An example of a formal agreement between a military installation and the civilian community is included in Appendix A.

MILITARY/CIVILIAN INTERFACE

Due to the complexity of both military and civilian organizational and social systems, there are many possible variations to the interface that develops between specific military installations and the civilian community. One example of a military/civilian interface, based on an interface developed between Harrison County, Mississippi, and Keesler Air Force Base, is discussed below in terms of its structure, function and process.

Keesler Air Force Base is a large military installation (approximately 15,000 employees) located in a semi-rural community. Harrison County had a population of 167,000 in 1976. Approximately 25% of the County's population is eligible for military services or is in some way affiliated with the military. Typically, 50,000 people within a 40-mile radius of the base are serviced by the base.

Structure

The independent structure of both the military and civilian child abuse/neglect systems greatly influences the structure of the interface between the two. The civilian system, by state law, places primary responsibility for providing child protective services with the County Department of Public Welfare or Social Services. In this particular military system, which is illustrated in Exhibit XI, the Child Advocacy Office has primary responsibility for all child abuse or neglect activities on the installation and the Child Advocacy Officer (CAO) is the key person in that process.

EXHIBIT X

SAMPLE MILITARY/CIVILIAN AGREEMENT

21 April 1977

Coordinating Committee
P.O. Box 7
Gulfport, Mississippi 39501

Gentlemen,

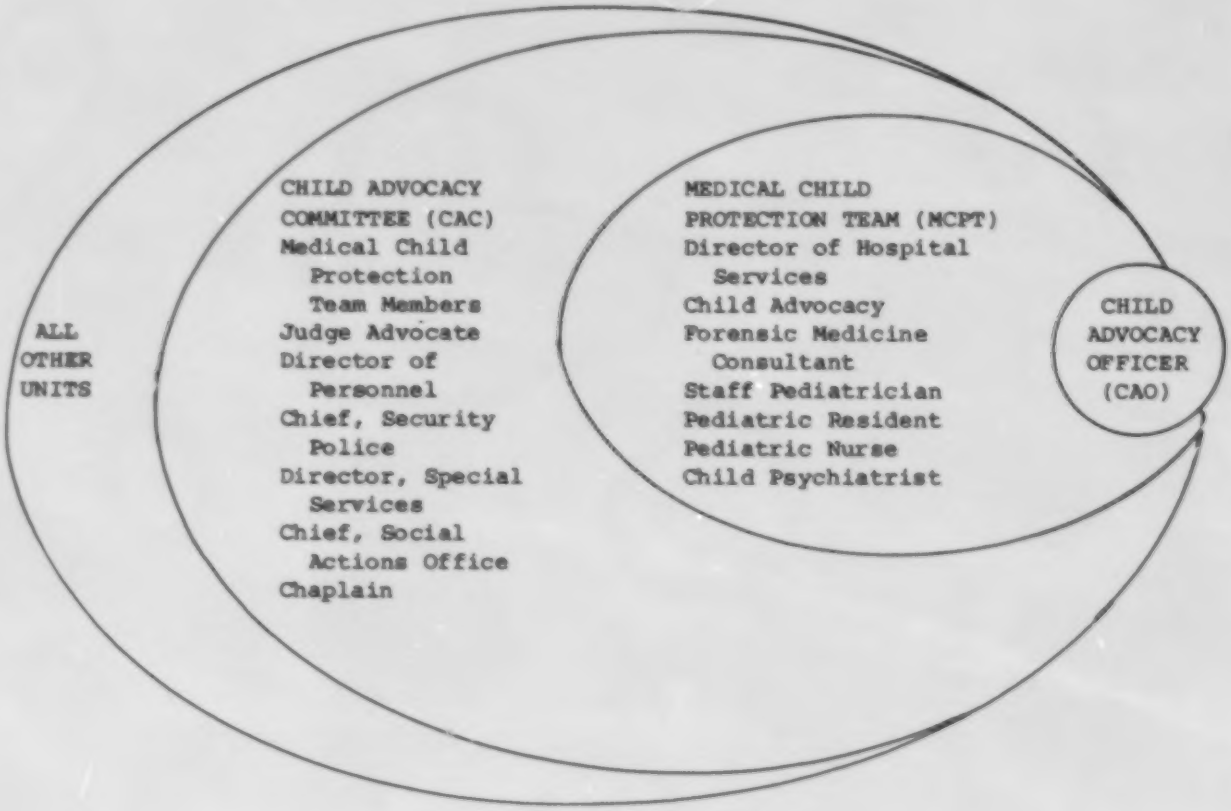
Being aware of the critical nature of child abuse and neglect and its far reaching effects on the community, I commit my agency effort to address this multifaceted problem.

In order to participate in the coordinated of services among agencies, I designate Captain James L. Jenkins to represent my agency on the Harrison County Child Protection Council, and TSgt Roland D. Partain to serve on the investigation sub-committee of the council. They have my approval to perform council business to accomplish assigned tasks and attend meetings of the Council on duty time.

LESTER R. TERRELL, Colonel, USAF
Commander, 3380 Air Base Group

EXHIBIT XI

MILITARY CHILD ABUSE/NEGLECT SYSTEM



If the installation includes a major medical center, the medical response capability is considerable; and a Medical Child Protection Team (MCPT) can play a major role in the assessment and treatment of child abuse and neglect cases. The composition of a Medical Child Protection Team is shown in Exhibit XI. According to the Medical Center Child Advocacy Regulation:

> A Medical Child Protection Team will assume primary responsibility for the identification, evaluation, and management of suspected or substantiated child abuse or neglect cases.
>
> The Medical Child Protection Team will be notified immediately when a suspected case of child abuse or neglect has been identified.
>
> The Medical Child Protection Team will meet monthly to review the status and make recommendations for further treatment or disposition of all new and active cases as well as appropriate inactive, closed, transferred or retired cases.

In addition to the Child Advocacy Officer and the Medical Child Protection Team, the installation has a Child Advocacy Committee (CAC) composed of the individuals identified in Exhibit XI. This Committee serves as a policy and decisionmaking body while each member provides consultation to the Child Advocacy Officer and the Medical Child Protection Team when a specific case requires involvement of the member's agency.

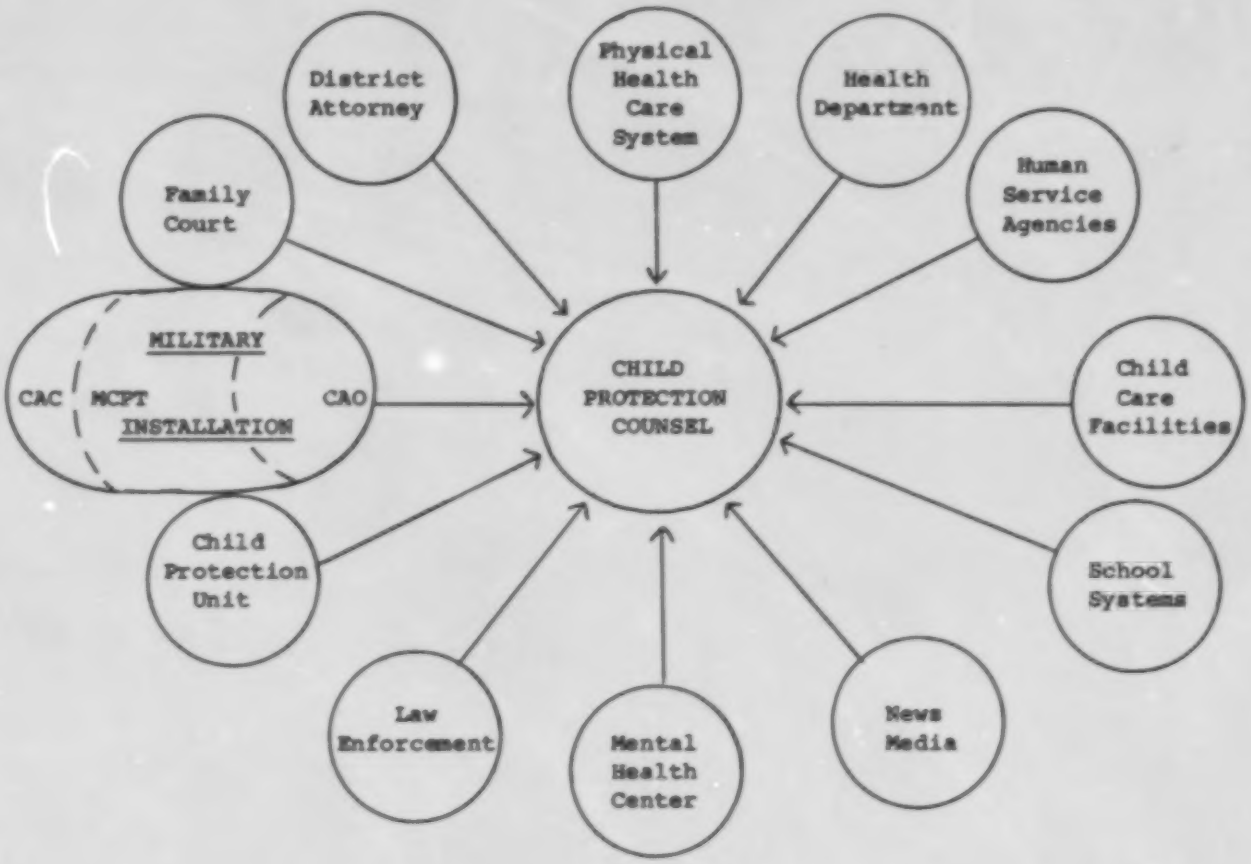
In this installation, representatives of the local civilian child protection agency are encouraged to attend Child Advocacy Committee meetings in an advisory capacity. This, of course, results in better coordination between the military installation and CPS and more effective service delivery to military families who experience abuse and neglect problems.

The Community Child Protection Coordinating Committee

As in the model program, the community child protection coordinating committee provides a structure for the interface between the military and civilian agencies in the community child abuse and neglect response network. Active participation by the military Child Advocacy Officer in the coordinating committee is supported by the Air Force Regulation which states that the Child Advocacy Officer "will establish a procedure for liaison and referral with appropriate

EXHIBIT XII

COMMUNITY CHILD ABUSE AND NEGLECT RESPONSE NETWORK



local military and civilian health and welfare agencies capable of helping the abuser or neglecter." The structure of the interface between the military and civilian agencies in this model program is illustrated in Exhibit XII on the following page. Establishing staff to act as liaisons in both the military installation and the local CPS agency is crucial to an effective military/civilian interface.

Function

The function of the various agencies affiliated with the community child protection coordinating committee are generally determined by the nature of the specific agency. The coordinating committee is a voluntary coalition of concerned agencies which provides coordination within the community for planning, developing and implementing programs and services in response to child maltreatment. In addition, the Committee provides training and community awareness functions.*

The Child Advocacy Officer functions as a coordinator for military and civilian agencies to ensure that action is taken to prevent, identify, report, assess and treat all incidents of child abuse or neglect among military families. The specific functions of other agencies are included later in this chapter in relation to the various phases of the child abuse and neglect process.

Process

Process is defined as the interpersonal interaction between agency personnel. In the model program, the interaction between military and civilian personnel was highly influenced by the individual staff members within the agencies. When the Air Force Child Advocacy Program was established in April, 1975, the Child Advocacy Officer in the model program took the initiative to develop increased interaction between the military and various civilian agencies by visiting the agencies and providing a briefing on the new Child Advocacy Program and pledging support and cooperation in responding to child abuse and neglect incidents among military families. In addition, the Child Advocacy Office sponsored a luncheon seminar for a number of civilian agencies and proposed the establishment of a Child Protection Council within the county. The community responded very positively to this proposal and, on an agency-by-agency, worker-by-worker basis, procedures were established over a period of several months resulting in a cooperative military/civilian approach to child maltreatment within the community.

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* More detailed information about the organization and functions of Child Protection Coordinating Committees is available in A Community Approach: The Child Protection Coordinating Committee, another in The User Manual Series.

IDENTIFICATION AND REPORTING

The local CPS agency is the agency mandated by state law to respond to all reported incidents of child abuse or neglect. In the case of a military family, the incident may be reported to either the CPS worker or the military Child Advocacy Officer (who function as liaisons) depending on where the incident occurred and who is reporting. For example, military personnel reporting an incident of abuse involving a military family living on post would contact the military Child Advocacy Officer. He or she then transmits the report to CPS. An active working agreement between the liaisons is essential for coordination on all reported child maltreatment incidents involving military families. In the model program, the installation regulations directed that "the Child Advocacy Officer will notify the appropriate county Child Protection Agency of all suspected or substantiated child abuse or neglect cases in accordance with state law." A Child Advocacy Operating Instruction which applied to all agencies and personnel attached to the military installation was developed to establish procedures for reporting incidents of child maltreatment. A copy of the Instruction on reporting is included in Appendix B.

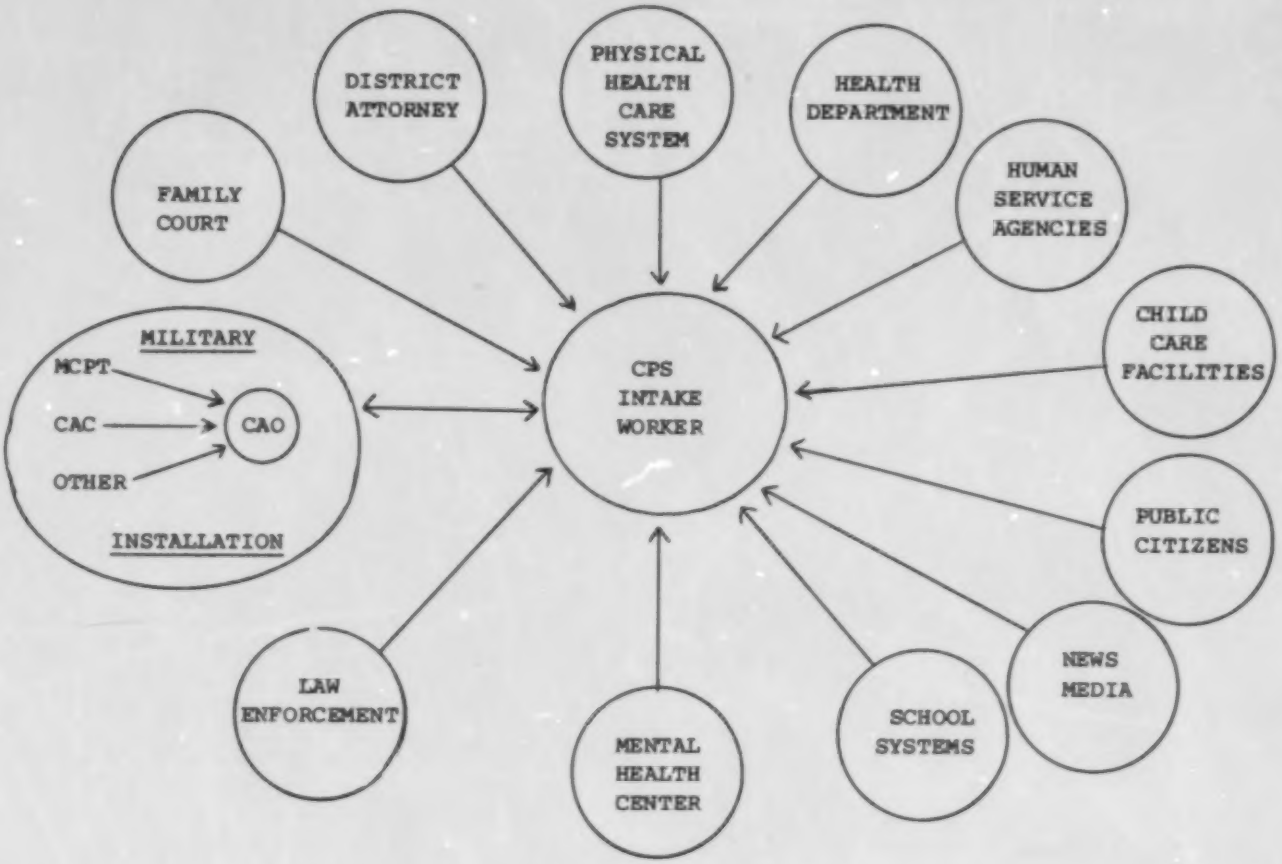
A similar policy statement for reporting procedures involving military families was developed and distributed to community agencies by the county Child Protection Unit. A copy of that reporting policy is also included in Appendix B. An essential point to be made here is that the military Child Advocacy Officer and the CPS worker(s) must establish a very comfortable working relationship. Such issues as agency responsibility, individual levels of training and competency, territoriality, and personality differences between the workers must be resolved so that each has the safety and welfare of identified children as their mutual objective and so that they can proceed as a team to respond to all reported incidents. It is extremely beneficial to have a specific individual identified for receiving reports in both the military and civilian systems. Exhibit XIII illustrates a military/civilian interface in the identification and reporting phase of the community child abuse and neglect process.

INVESTIGATION

The nature of a particular child abuse or neglect case determines which agencies will become involved in the investigation phase and the degree of their involvement. In the model program, the County Child Protection Unit had the legislatively mandated responsibility for investigating all reported incidents of child abuse or neglect. When the incident involved a military family, the Child Advocacy Officer shared that responsibility with the CPS worker and often

EXHIBIT XIII

IDENTIFICATION AND REPORTING: MILITARY/CIVILIAN INTERFACE



accompanied a CPS worker to the family residence. When the family behaved violently or failed to cooperate, law enforcement officers were called to provide assistance. In the case of military families, civilian law enforcement agencies became involved off the installation and military law enforcement officers on the installation. The civilian court became involved if a court order was necessary to protect the child.

The military and CPS liaisons should develop a positive working relationship and work together actively both on and off the installation. The military and civilian law enforcement agencies must also provide assistance to one another as necessary. In the model program, the Air Force Office of Special Investigation (AFOSI) was directed by the installation commander to conduct a comprehensive investigation if the preliminary findings of the Security Police indicated that such an investigation was warranted. Exhibit XIV illustrates the military/ civilian interface during the investigation phase of the child abuse and neglect response process.

EMERGENCY RESPONSE/PROTECTIVE CUSTODY

As a result of the investigation it may be determined that the child is in imminent danger and in need of emergency medical care or emergency placement outside the home. In the model program, emergency services often involved a cooperative response which included the Family Court, the CPS worker, the Child Advocacy Officer, and the appropriate law enforcement agencies. The Family Court judge provided required legal authorization to obtain custody of the child and to make services available. The law enforcement agency and the CPS worker together could arrange for and transport the child to the required service. Emergency medical care and/or hospitalization for military children was usually provided at the installation medical center. These medical services were coordinated by the Child Advocacy Officer, who also acted as a liaison with the CPS worker and other civilian agencies in order to facilitate their required access to military facilities and personnel. Exhibit XV illustrates the military/civilian interface during the emergency response phase. In addition, Appendix C provides a copy of the Child Advocacy Operating Instruction for emergency response to children in imminent danger. A similar interaction between these agencies may be required when parents refuse to authorize required medical care. In the model program, an agreement existed between the Child Advocacy Officer and the Family Court judge whereby the judge would provide legal authorization so that medical personnel could provide necessary medical care.

EXHIBIT XIV

INVESTIGATION:
MILITARY/CIVILIAN INTERFACE

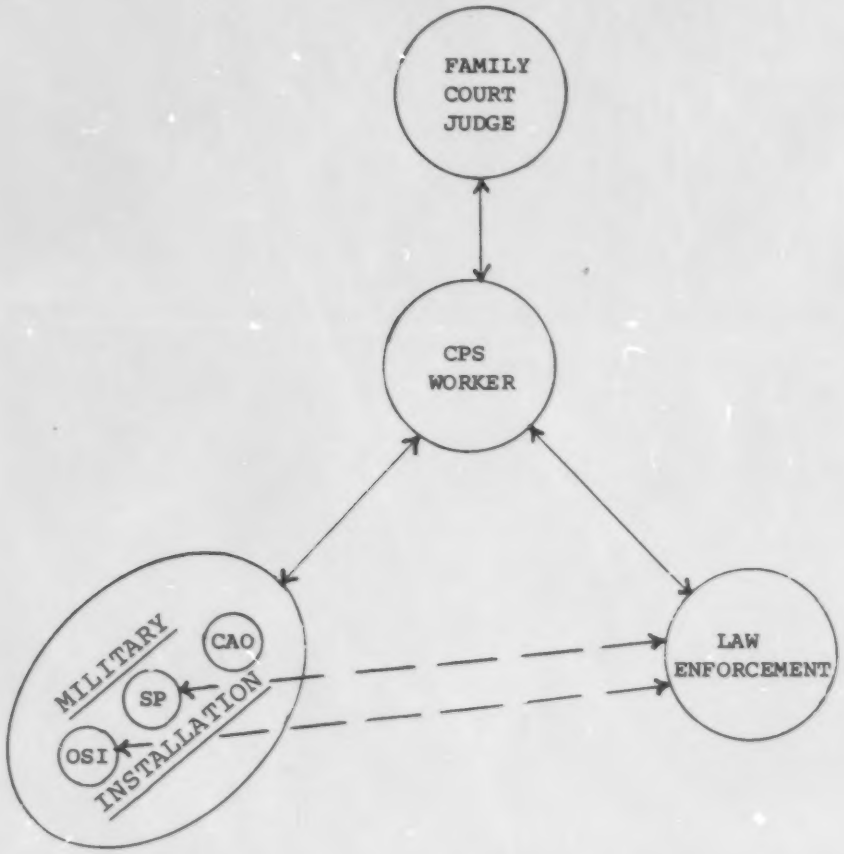
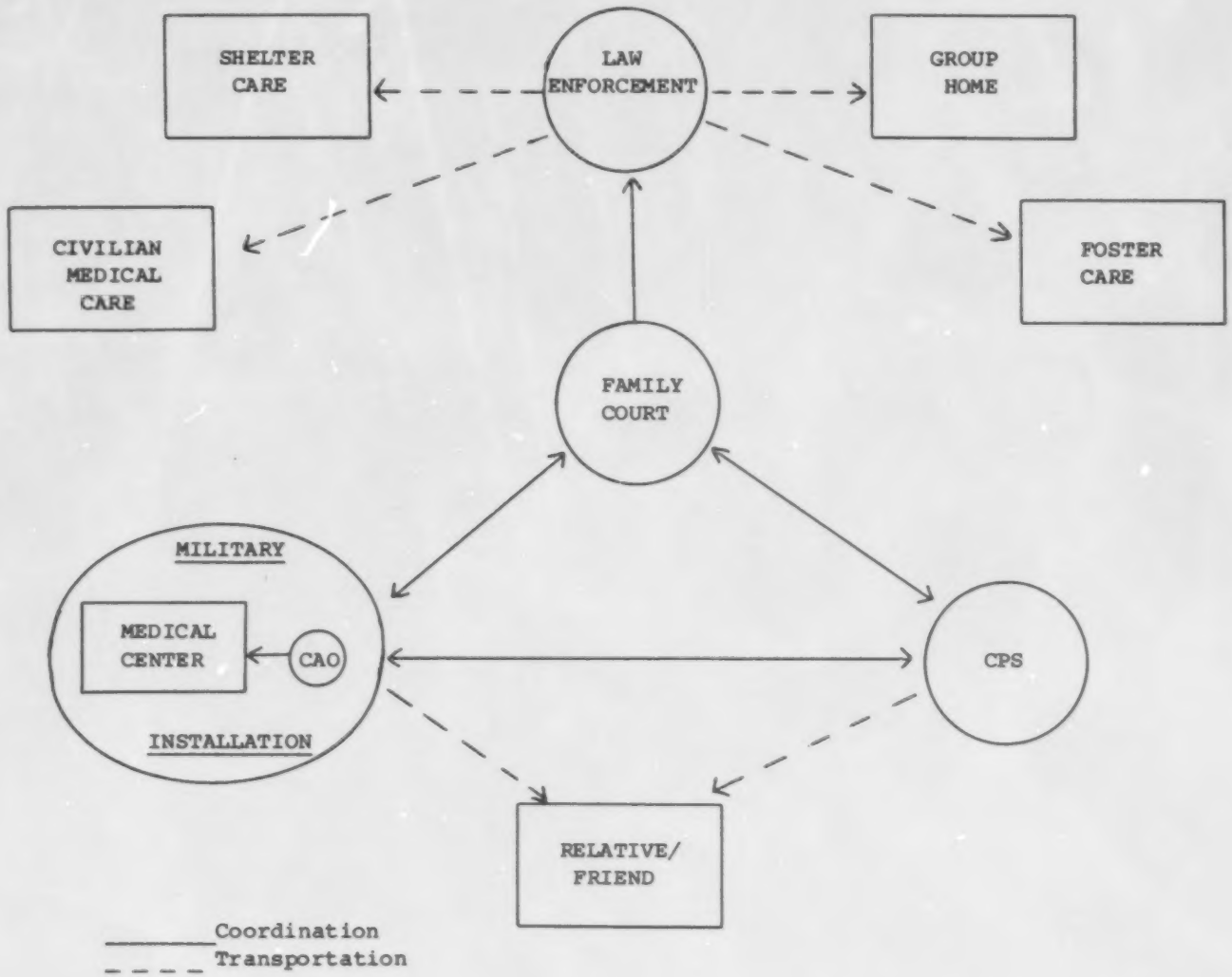


EXHIBIT XV

EMERGENCY RESPONSE:
MILITARY/CIVILIAN INTERFACE



ASSESSMENT AND SERVICE PLANNING

Whether military or CPS personnel take primary responsibility for the assessment of service needs is dependent on the extent of resources within the military and civilian segments of the community. Due to the availability of a variety of specialized professional services on the military installation, most assessments of abusive and neglectful military families were performed by military agencies in the model program. Nevertheless, as in all phases of the CPS process, the Child Advocacy Officer and the CPS worker maintained close coordination. Exhibit XVI illustrates the interface between military and civilian agencies during the assessment and service planning process.

JUDICIAL PROCESS

The nature of the military judicial system, coupled with exclusive federal legislative jurisdiction and possible federal court action, often causes court involvement in response to child abuse or neglect within military families to be an extremely complex process. For example, incidents that occur within areas of exclusive federal legislative jurisdiction can be brought to criminal trial in a Federal District Court. Consequently, it is extremely important that the military and civilian judiciary work out an understanding regarding alternative courses of judicial action and the circumstances under which each might be pursued. In the model program, complications were minimized because of the position taken by both the military and civilian agencies that the most appropriate course of action in child abuse and neglect cases was one of assistance and rehabilitation versus punitive action. Consequently, almost all cases that required court intervention were referred to the Family Court where they were heard as civil rather than criminal cases. In these Family Court hearings, the Child Advocacy Officer and other military personnel took an active role, providing expert testimony and making recommendations for services and dispositions. Here again, it is essential that the Child Advocacy Officer and CPS workers maintain close collaboration on cases involving the judicial process.

The interface between the military and civilian judicial system is illustrated in Exhibit XVII. The civilian judicial process in child abuse and neglect cases is discussed in detail in another manual in this series, Child Protection: The Role of the Courts.

Within the military system, unit commanders have authority to initiate certain types of nonjudicial punishments if they deem it necessary or appropriate. In the model program, this was usually

EXHIBIT XVI

ASSESSMENT AND SERVICE PLANNING:
MILITARY/CIVILIAN INTERFACE

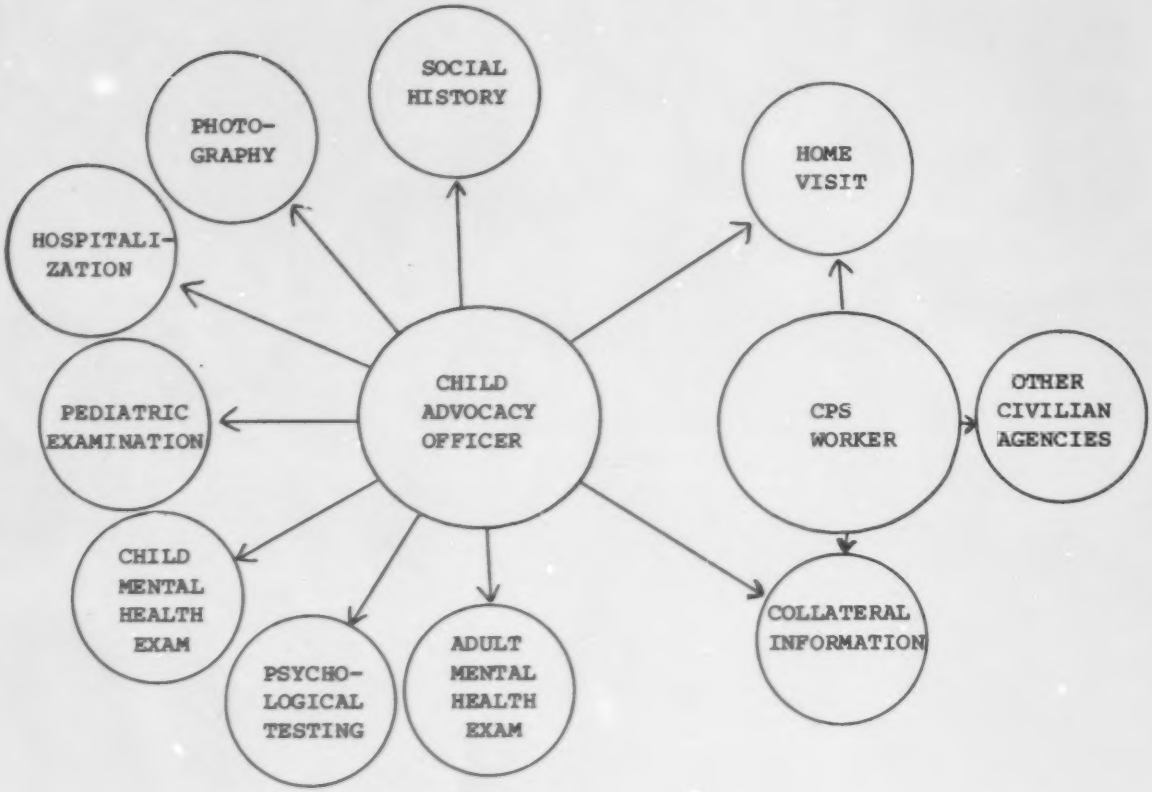
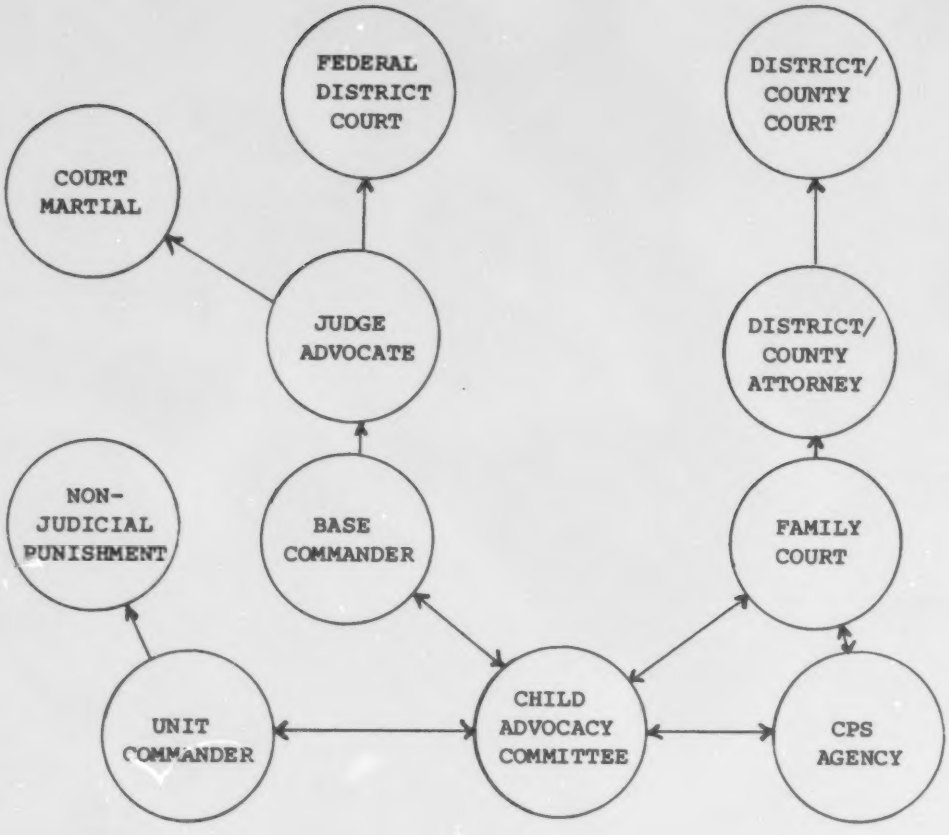


EXHIBIT XVII

THE JUDICIAL PROCESS
MILITARY/CIVILIAN INTERFACE



limited to situations where the service member failed to cooperate with treatment efforts. More serious cases can be tried in a military court at the discretion of the installation commander.

PROVIDING SERVICES AND CASE MANAGEMENT

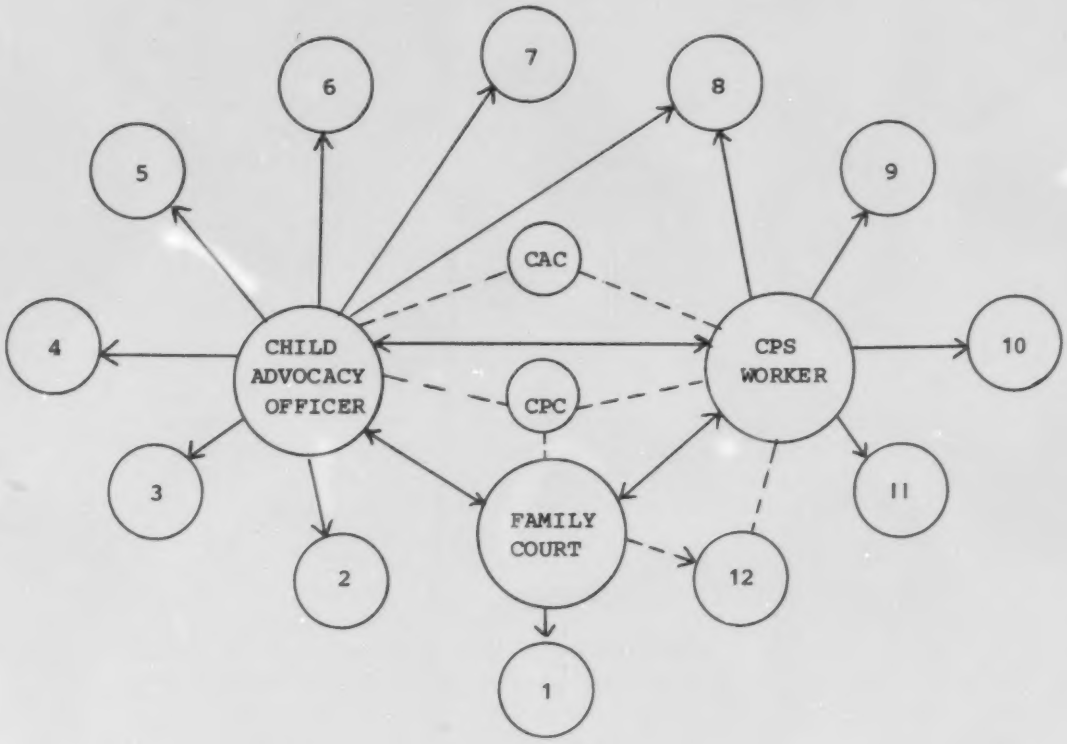
Following a comprehensive assessment of the case and the development of a service plan, the implementation of the service plan begins. Due to the availability of multiple military and civilian resources in the model program, careful coordination of services to abusive or neglecting families by the Child Advocacy Officer and the CPS worker was essential. It was necessary to determine which agencies would provide what services in which sequence, and then to ensure that the services were effective in meeting the needs of the family. When necessary, modification of the service plan could be accomplished by the Child Advocacy Officer and the CPS worker who were coordinating the management of the case. Exhibit XVIII illustrates the interface between military and civilian agencies during the service provision and case management phase of the response process. This Exhibit identifies the military Child Advocacy Committee (CAC) and the community child protection coordinating Committee (CPC) as multidisciplinary case management teams which provide consultation to the Child Advocacy Officer and the CPS worker during this critical process.

SUMMARY

This chapter has presented a model program of military/civilian cooperation in a community response to child abuse and neglect. The exhibits have illustrated the interface between involved agencies during various phases of the response process. The primary agencies involved throughout the process were the Child Advocacy Office, Child Protective Services, and the Family Court. The cooperation that exists between these agencies is the single most important factor in the success of any cooperative military/civilian program. It should be noted that such a cooperative approach cannot be developed with the expectation that it will take care of itself once it is established. The long range effectiveness of such a program requires an ongoing process of communication and modification to correct deficiencies and to respond to changing needs within the community and among abusive and neglecting families.

EXHIBIT XVIII

SERVICES AND CASE MANAGEMENT
MILITARY/CIVILIAN INTERFACE



1. Family Court Proceedings
2. Big Brother/Sister
3. Adult Mental Health
4. Child Mental Health
5. Parent Education/Group
6. Food, Clothing, Financial Assistance
   - Air Force Aid
   - Red Cross
   - Chaplain
   - Married Airmen Group
7. Pediatric "High Risk" Clinic
8. Case Management and Supportive Services
9. Day Care/Play School
10. Placement Outside Home
11. Homemaker Service and Other Community Resources
12. Parents Anonymous Group

VI

CHILD ADVOCACY IN THE MILITARY OVERSEAS

The variety of military communities overseas is extensive; these communities range in size from small clusters of several families around detachments of military personnel to large installations where thousands of military and dependent personnel live. The location may be urban or rural; the language may be familiar, as in England, but is normally foreign. Professional facilities and programs within the military community may be readily accessible and extensive or quite distant, with the same holding true for host nation support. The following discussion presents an overview of programs and services available in most areas, while noting some of the constraints on these programs and services.

GENERAL CONSTRAINTS AND PROBLEMS OVERSEAS

The military family overseas is a family under stress. The degree of stress experienced or perceived will obviously vary from family to family. In addition to the stresses discussed in Chapter II, overseas families experience some common stresses, including living far away from home, family and country; living in a different and alien culture; and experiencing stress resulting from shifts in international relationships. These families may also experience stress related to transportation, economic conditions, crowded housing, isolation among neighbors of another culture and language, work conditions, normal family problems, health care, and transiency.

Legal Constraints

Military personnel overseas are outside the jurisdiction of city and state laws. The service member is covered by the legal provisions of various military services, which give the commander disciplinary jurisdiction over that person's behavior and action. For example, a service member could be charged with assault in a case of child abuse and tried in accordance with the Manual for Court Martial procedures.

Dependents, however, are not members of the military and therefore the Manual for Court Martial does not apply. If the nonmilitary spouse is the offender, the commander can refer the case to the federal court system in Washington, D.C., temporarily suspend some privileges (exchange and commissary), remove the family from

government quarters, or return the whole family or offending person to the United States.

In lieu of or in addition to these steps, the commander, depending on the Status of Forces Agreement, may refer the case to the host nation for appropriate action. The complications and implications of this procedure are obvious. The commander (that is, the military) thus has a very limited and constrained set of legal options in dealing with child abuse and neglect.

Constraints in Providing Services

Although many of the following constraints in providing services are applicable to any military installation, they are often exacerbated for overseas military installations. Many military families overseas live at some distance from professional services. Transportation thus becomes a major problem. Those who work primarily in rural areas can empathize with this as a major problem, particularly for young couples with limited financial resources.

Due to a shortage of medical personnel, a situation which the military deplores but has been unsuccessful in correcting, professional treatment is normally available only in the larger hospitals. A family which lives two hours from a hospital and needs a weekly family counseling session and a weekly visit to a child psychiatry clinic has an enormous transportation problem in addition to the soon-to-surface problem of the service member's frequent absences from work.

Because of the seriousness of the military mission overseas, training goes on constantly; for military personnel this means time away from home at training sites, in the field, or at sea. A service member who must miss time each week dealing with family problems soon becomes a liability to the section or unit. Consequently, the use of limited available services may create new pressures for family members who can ill afford any additional stress.

In abusing families there is often a genuine reluctance to use services offered. The responsibility thus shifts to case management teams to follow up on cases and to assure compliance with treatment programs. Once again, distance becomes a problem as does caseload and dispersion of the clientele.

Constraints in Developing Effective Programs

It takes time for a team to develop and attain a high level of professional competence. The normal tour of duty overseas is three

years, both for military personnel and professional workers. Thus members of case management teams move as frequently as any other service member. Due to limited housing, many families come after the service member arrives and are there for less than the three-year tour.

There are very few personnel whose full-time job is working with child abuse and neglect cases. For the community health nurse, the attorney, the school guidance counselor or teacher, the chaplain, the commander, the social worker, the pediatrician, the psychiatrist and others, child abuse and neglect is but one of many problem areas which clamor for attention. The workloads of professional personnel, their transiency and dispersion become constraints on the extent and effectiveness of programs.

PROGRAMS AND SERVICES OVERSEAS

Despite the constraints just discussed, there are programs and services available to military personnel while stationed overseas. These have been developed because child abuse and neglect does occur and help must be forthcoming. Actual statistics are scarce. From 1974 to 1977 the rate in Giessen, Germany, was three confirmed cases of child abuse and neglect per 1,000 dependents annually. These rates are nearly triple that of Fort Lewis, Washington, and Fort Bliss, Texas, during a similar time span. The degree of stress may account for the higher rate of incidents in the overseas location. Programs and services vary between areas where there is a general hospital facility and areas without such a facility, as discussed subsequently.

Programs and Services in the Community With a Hospital

The commander of a military installation/community will appoint an officer to monitor and provide staff supervision of the Child Advocacy or Family Advocacy Program and to serve on the Child Protection and Case Management Team (CPCMT). Normally, this officer will be the Community/Family Service officer or social worker. The effectiveness of the child advocacy program and other programs and services offered, and the success of the preventive program in particular, rely upon the skill and dedication of this officer and the support by the commander. Obviously no one person can effectively conduct a child advocacy program which by definition requires teamwork and the skills and services of different professions and personnel. However, all efforts in child advocacy become far more effective when there is a focal person who coordinates the efforts and who can mobilize resources to meet families' needs and requirements.

When an installation/community has a hospital, the unfortunate tendency is to allow hospital staff to control the child advocacy program in its entirety. The hospital staff is the natural home for the CPCMT part of the program, but is normally a poor location for preventive efforts. Unless the hospital staff is at full strength or over strength, it is unable to mobilize continuing preventive efforts throughout the larger community.

The hospital staff possesses the necessary professional personnel to staff a CPCMT: pediatricians, psychiatrists, psychologists, social workers, nurses, chaplains and, in some cases, attorneys and even law enforcement personnel. The hospital (Medical Treatment Facility) commander appoints and supervises the CPCMT. When the bulk of CPCMT members are from the hospital staff, communication, liaison and follow-up become far simpler. Referral is easier and the time for meetings, review of case histories, and team efforts is minimized. The hospital CPCMT also has the necessary expertise to handle even the most difficult cases, which may involve extensive and diverse treatment and therapy.

Not all child abuse and neglect cases require this level of professional treatment and expertise. Wherever possible and where staff with appropriate skills are available, cases which require less intense professional involvement should be handled outside the hospital setting. This distribution of caseloads, wherever possible, is essential lest the hospital CPCMT be overloaded and become ineffective. Professional skills, like energy, need to be conserved and used judiciously. This can be accomplished in part when the community/installation with a hospital will also establish a separate child advocacy program and CPCMT to handle the preventive program and the less complex cases. The program then will be similar to that for a community/installation without a hospital, as presented below.

Programs and Services In The Community Without a Hospital

The Child Protection and Case Management Team (CPCMT)

The community/installation which lacks a hospital does not lack professional and talented personnel who can make a sizeable and effective contribution to the child advocacy program. Despite the absence of the hospital, the establishment of a child advocacy program remains the commander's responsibility. The commander appoints an officer to be in charge of the overall program and to serve as a member of the CPCMT. The senior medical officer at

the community/installation will appoint the remaining members of the CPCMT.

Even in communities/installations which lack hospitals, the CPCMT can be a viable and effective organization. In one such program in Giessen, Germany, the CPCMT included the community health nurse, two pediatricians, a psychiatrist, an attorney, the Provost Marshal (law enforcement), two guidance counselors, a school principal, two drug program social workers, two chaplains and several dependent spouses trained in social work. The professional expertise was there in abundance, although CPCMT work was an additional duty for each team member.

Case referral procedures are different when the CPCMT is not hospital-based. Some cases still require hospitalization or on-going therapy at a hospital. In such cases, the CPCMT would refer the case to the hospital while continuing to monitor progress and performing the services which could be provided locally. Less severe and complex cases would be handled entirely in the local area.

The local CPCMT also acquires working relationships with host nation officials. Giessen's host nation officials did not seek involvement in child abuse and neglect cases. However, they would and did support efforts extensively. When foster home placement became necessary, their support was certain, although only local American quarters were used for placement. German police worked carefully with military police if and when such action was needed. Support for families who lived in German communities could be easily coordinated and activated. Such a cooperative approach in a local area is difficult at best (if not impossible) for a CPCMT located at a distance from the installation and the families it is serving.

Preventive Programs

Representatives from schools, drug programs, dispensaries or medical treatment facilities, chapels and housing areas may comprise the preventive team. This type of team can be effective in assessing the needs of children residing on or near the installation. Evaluation in such areas as the safety and adequacy of play grounds and activities and standards for operating nursery facilities will be done much better by local personnel than by others at a distance.

Educational programs designed to alert groups to the existence and nature of child maltreatment and required corrective actions are more effective when arranged and conducted by knowledgeable local personnel. This involves liaison with Parent-Teacher Associations,

coaches' clinics, Scout workers' conferences, teachers' workshops and other such organizations. It may also involve occasional training sessions for service members. It allows for inclusion of other programs such as wives' clubs, expectant parents' sessions, premarital conferences and even high school and junior high school classes.

Local personnel possess an abundance of talent. If necessary, professionals can be used to provide specific training to enable them to become advocates for the programs in their communities. Local personnel have the added advantage of being readily available and of having a vested interest in becoming involved in prevention efforts.

Finally, neither the CPCMT nor the prevention team should function in isolation. A local CPCMT can join with the preventive team in an effort to enable volunteers to serve effectively. Local chapel groups or social clubs can offer support to families at risk to lower the stress level and assist them in stabilizing their home life.

Parents Anonymous: In addition to the preventive programs discussed previously, local chapters of Parents Anonymous (P.A.) already exist overseas. P.A. is a private self-help organization for parents who have had or feel they are having child abuse problems. The organization is designed to help members learn to understand and deal with their negative feelings; discuss their feelings and fears about child rearing; and control their destructive behaviors. P.A. members go through three basic stages:

- redirecting their anger
- learning to reach out to others for help
- altering the way they look at themselves and their children.

Thus Parents Anonymous serves both a treatment and a preventive function.

P.A. chapters meet once a week for approximately 2-1/2 hours, and members provide each other with a continuous support network between meetings. Each chapter is organized around a chairperson and a volunteer sponsor. The chairperson is typically a peer level member who is responsible for running the chapter, managing the meetings, and maintaining communication with the national Parents Anonymous office. The sponsor should be a professional in the

mental health field who supports the self-help concept, who has the training and skill to help the chairperson in guiding chapter meetings and discussion, and who can answer technical questions. It is recommended that sponsors commit themselves to the chapter for a minimum of one year.

The Parents Anonymous program is becoming increasingly widespread, with chapters in England, Germany, France, Canada, and Korea, as well as in the United States. The European Parents Anonymous office is located in the United States Air Force Headquarters in Germany. Parents Anonymous has both a civilian Coordinator and a military Coordinator in Europe; both are linked to the National Office in the United States. The military Coordinator provides technical assistance to individuals who are attempting to establish new P.A. chapters.

VII

DEPENDENTS SCHOOLS

Military interest in the prevention and treatment of child abuse and neglect is not limited to the service child advocacy programs. The Department of Defense Dependents Schools system which serves overseas military communities is also concerned.*

The Dependents Schools is the school system which provides education from kindergarten through grade 12 to the minor dependents of United States military and civilian personnel. Although Dependents Schools are generally found overseas, there are a few in the United States, particularly on very large or isolated military installations. The system comprises more than 260 schools on military bases in some 26 countries. The Dependents Schools are equal in size to the tenth largest school district in the United States; 7,500 professional staff serve 136,000 students around the world.

Since 1977 the Office of Dependents Schools has been providing training in the prevention and treatment of child abuse and neglect to professional staff, including health educators, counselors, nurses, teachers and administrators in the Atlantic, European, and Pacific regions. Staff from military installations served by the Dependents Schools have also attended these programs. In addition, the Office of Dependents Schools had provided audiovisual and printed material on child abuse and neglect to its regional offices to assist them in preparing local programs.

In September 1978, the Office of Dependents Schools, expanding its interest in the prevention and treatment of child abuse and neglect, issued DS Regulation 2050.2, Procedures for Reporting Incidents of Suspected Child Abuse and Neglect. This regulation makes clear the commitment of the Dependents Schools:

> DoDDS declares its intention to cooperate fully with the military departments' child advocacy programs and to assist affected children in its schools by early identification of suspected child abuse and neglect.

The regulation requires that any staff member

> who has reason to believe that a student has been abused or neglected shall report that information to the local child advocacy program liaison officer on

*In early 1980, the Dependents Schools systems is to be transferred from the Department of Defense to the Department of Education.

the installation. The obligation to make such reports is one of the official responsibilities of each staff member.

School principals are required to "establish liaison with those individuals responsible for the child advocacy program organized for the military installation on which the school is located." Further, school principals are encouraged to provide inservice training in the identification and reporting of suspected child abuse and neglect, using school and child advocacy program personnel in the training programs.

DEPENDENTS SCHOOLS AS A PREVENTION AND TREATMENT RESOURCE

On some military installations, participation of Dependents School staff in child abuse and neglect prevention and treatment programs goes beyond mere reporting of suspected incidents. At one European base, for example, a school counselor is a member of the combined services Child Advocacy Committee. At another, a school psychologist serves on the Child Advocacy/Human Resources Development Council, a group which meets monthly to discuss problems of children in the military comunity. At a large Pacific installation, the school psychologist is a member of the base child protection team, a case planning and review group.

It is clear that the Dependents Schools can be a valuable resource and an active partner in any military program to prevent and treat child abuse and neglect. School personnel are available to work with families identified as in need of special supportive services. For example, Dependents Schools staff can provide education for parenthood, behavior modification skills training, and counseling for parent, child, and family. In addition, each school has a Case Study Committee which receives referrals from parents, teachers, and other interested individuals concerned with children with special needs. Once a referral has been made, a plan is developed and a recommendation made to meet the special problems or needs identified. The Case Study Committee is a potential resource for children who may be identified as abused or neglected.

Those who are responsible for Child Advocacy Programs are encouraged to include the Dependents Schools in planning and implementation. School principals who have not been contacted by an advocacy program officer should take the initiative to become involved. In this way, a comprehensive and broad-based community program to prevent and treat child abuse and neglect among military families will become a reality.

APPENDIX A

SAMPLE MILITARY/CIVILIAN AGREEMENT

DEPARTMENT OF THE ARMY
Headquarters, Fort Carson
and
Headquarters 4th Infantry Division (Mechanized)
Fort Carson, Colorado 80913

MEMORANDUM OF UNDERSTANDING

SUBJECT: Handling of Child Abuse, Neglect, and Juvenile Misconduct

1. Purpose: To establish a written agreement between Fort Carson and El Paso County Juvenile authorities concerning exercise of jurisdiction over juvenile matters involving military dependent personnel.

2. Background: a. Authority: Children who are dependent, neglected, abused, in need of supervision, or delinquent (CRS 19-10-103, CRS 19-1-103, 42 USC 5101), have the right to government supervision for their own protection. This supervision consists of an adjudication of their status as dependent, neglected, etc., and appropriate judicially managed remedies. There has been no affirmative federal action to assume jurisdiction in the federal courts nor to specifically divest the State of Colorado of jurisdiction to hear such matters in the State's Juvenile Courts (CRS 19-1-104). Cession of exclusive jurisdiction by the State to the United States does not negate this principle where there is no interference with the exercise of federal jurisdiction; see Matter of Kernan, 288 NYS 329 (1936) and especially, Board v. McCorkel, 237 A2d 640 (1968). In the latter case, the United States Attorney General filed an amicus curiae brief supporting state jurisdiction in such matters and denying an invasion of federal sovereignty since there is no federal jurisdiction to exercise in juvenile matters. Therefore, to insure a viable and active program for the protection of children under Colorado law and the Army Child Advocacy Program, the undersigned parties agree to the policies and procedures hereafter stated.

b. Definition/Responsibilities:

(1) The El Paso County Juvenile Court - hereinafter referred to as the "Court." The Court is empowered with exclusive original jurisdiction to hear juvenile incidents.

(2) Juvenile Incident - any occurrence which, after reviewing the facts, would lead a reasonable person to believe that a child

is delinquent, in need of supervision, dependent or neglected as defined in Colorado law.

(3) Child Protection Case Management Team - hereinafter referred to as the "Team." A multidisciplinary team appointed under Army Regulation 600-48 by the Fort Carson commander to handle cases of military children and families where the children have been, are, or are suspected to be abused, dependent, or neglected. At a minimum, the Team will meet every other week, but may meet, in special cases, at the call of the Coordinator or Chairman. The Team shall be the receiving agency (CRS 19-10-103(7)) for all on-post juvenile abuse. The "Team" is the military equivalent of the Child Protection Team as defined in CRS 19-10-103(2).

(4) Child Abuse Coordinator - hereinafter referred to as the "Coordinator." A member of the Team who acts as the logistical and clerical supervisor for the Team. The Coordinator monitors the progress of each case being handled and serves as liaison with civilian Child Protection Teams. The coordinator may release information regarding child abuse to civilian law enforcement agencies. In all abuse or dependent or neglect cases occurring on Fort Carson, the Coordinator shall be the primary point of contact except in those emergency cases requiring immediate medical or military police involvement or in cases occurring after duty hours. The Coordinator shall be responsible for compiling the agenda for the Team's meetings.

(5) Team Chairman - the official who presides over the Team's meetings. This person shall be the Fort Carson Hospital Chief of Pediatrics. The Chairman will insure that all medical personnel suspecting abuse (in cases, for example, where the initial contact with a child is in the emergency room) immediately report the case to the Coordinator or Behavioral Services Investigator (see below), as appropriate. In the Team Chairman's absence, the Vice Chairman will assume the duties of Chairman. The Vice Chairman is the Fort Carson Chief of Social Work Services.

(6) Military Policy Behavioral Services Section - hereinafter referred to as the "Section." The Behavioral Services Section specializes in investigating juvenile incidents. This section shall be the alternate point of contact and will be notified whenever the Coordinator is not available. During duty hours, the phone number is 579-4315; after duty hours 579-2333. This section shall have primary investigative responsibility for the Team when it acts as the receiving agency. (See CRS 19-10-109.) If investigation reveals that the incident occurred off-post, this section will immediately notify the appropriate civilian law enforcement

agency. Further, this section shall act as liaison with civilian policy in all Army-related juvenile incidents occurring off post.

(7) Fort Carson Medical Treatment Facility - hereinafter referred to as the "Hospital." The hospital commander has immediate supervisory responsibility for the Team.

(8) The Army Child Advocacy Program - hereinafter referred to an "ACAP." The Army program, set forth in Army Regulation 600-48, is designed to promote the growth, development, and general welfare of children of Army families by coordinating human services provided to such children and by interceding on their behalf when necessary. The Team is an integral part of such services. The ACAP is supervised by the ACAP Officer who, at Fort Carson, is the Deputy Post Commander (or his designee).

3. General: The El Paso County Juvenile Court will determine the status (dependent, neglected, CHINS, delinquent) of military juvenile dependents. The receiving agency for all juvenile abuse occurring on Fort Carson is the Team as specified in Army Regulation 600-48 and the Fort Carson Supplement thereto. Because this regulation (paragraph 2d) requires Team management of all cases of maltreatment among Army families, without regard for the situs of the abuse, the Child Abuse Coordinator from the Team will attend all civilian Child Protection Team meetings and act as a liaison with such organizations. Paragraph 14 of AR 600-48 permits all cases of alleged child maltreatment to be referred to the Fort Carson Hospital for examination, treatment, and evaluation by the team if the child is eligible for military medical care. The Coordinator will insure that this procedure is accomplished, where appropriate.

4. Team Representatives and Authority: As a minimum, a representative from the El Paso County Department of Social Services and a Representative from the El Paso County District Attorney's Office will represent the State through membership on the Team. When the Team agrees upon a course of action for protection of a child, that decision will be reflected in the Team's minutes as well as any dissenting opinion. If team members or agencies decide to follow a different course of action, they are encouraged to so advise the coordinator and other interested agencies. The minutes will be routinely referred to the ACAP Officer as required by the Fort Carson & 4D Supplement to AR 600-48. Further, the Team shall make its decisions known to the Court whenever a case which it is handling is presented at any type of Court proceeding, if the Court so desires.

5. Court Representation and Procedures: When a case being handled by the Team is presented in the Court, the Department of Social Services shall present the case through its attorney. Since all cases of alleged maltreatment among Army families may be handled by the Team (AR 600-38, para 14a) and since one of the primary objectives of AR 600-48 is to protect such Army children, regardless of the situs of the alleged abuse, the Fort Carson Staff Judge Advocate shall, if feasible in appropriate cases, upon request make available a Judge Advocate officer to represent the Department of Social Services, or to assist the attorney who normally represents the Department in the El Paso County Juvenile Court, for such juvenile hearings. This Judge Advocate attorney will normally be the same individual serving as the attorney-advisor to the Team. This attorney will appear only in juvenile court cases and will under no circumstances be involved in civilian criminal prosecution in connection with the case. Further, this attorney shall not be made available to present cases in juvenile court whenever the parents involved in the specific case are represented by a Fort Carson attorney in the juvenile hearing under the Expanded Legal Assistance Program. In appropriate cases, the Team may recommend the procedure of deferred prosecution/sentencing to the respective authority possessing criminal jurisdiction over the alleged offender. The principle behind such deferred prosecution/sentencing should be that such action is necessary to maintain the safety of the child. In making this recommendation, the Team will rely heavily upon the past experience of the El Paso County Department of Social Services and its attorney and the El Paso County enforcement representative.

6. Requirement to Report and Subsequent Team Procedures: All persons on Fort Carson, specified by CRS 19-10-104, shall be required to report on-post abuse, or neglect, occurring or being discovered on Fort Carson in accordance therewith. The report shall be to either the Pediatrician on call, the Coordinator, or the Military Policy Duty Officer. Reports received by the Pediatrician or Coordinator, if in his judgment amounting to abuse or neglect, will be reported by the Pediatrician or Coordinator to the MP Duty Officer (MPDO). The MPDO will immediately report to the El Paso County Department of Social Services. A telephonic report will, during normal duty hours, be made to the Chief Investigator, El Paso County District Attorney's Office. Violation of this requirement to report is cognizable in Federal Magistrate Court as CRS 19-10-104 (4) as assimilated by 18 USC 13. The Coordinator shall have the primary responsibility for filing the State Form 59, Report of Suspected Abuse, whenever such form has not previously been filed. This filing shall be in accordance with

procedures set out in the Colorado Child Protection Act. In addition, an information copy of State Form 59 shall also be furnished to the Chief Investigator, El Paso County District Attorney's Office. Upon receipt of a report of on-post abuse, the Team (receiving agency) shall direct its Behavioral Services investigator to immediately conduct a thorough investigation in accordance with CRS 19-10-109. If any Fort Carson Law Enforcement agency receives the initial report of abuse, that report will be immediately relayed to the Coordinator and the section so that the above procedures may be complied with. In approproate cases, a further investigation by Army Law Enforcement agencies may be conducted.

7. CHINS/Delinquency Procedures: On-post incidents involving children in need of supervision, or delinquent children (CRS 19-1-103), shall be investigated primarily by a Behavioral Services Investigator and, in appropriate cases, further investigated by Army Law Enforcement agencies. These incidents will be reviewed by the Fort Carson Provost Marshal, Staff Judge Advocate, and ACAP Officer. If referral to Juvenile Court is considered appropriate by these individuals, the SJA Team attorney, working with the El Paso County District Attorney's Juvenile Prosecutor, will be available to assist in presenting the petition in the El Paso County Juvenile Court. This procedure shall be the same as stated in paragraph 5 above and is subject to the same limitations.

8. Protective Custody and MIlitary Police Support: For all on-post abuse incidents, or incidents involving children receiving medical treatment at the Hospital, the provisions of CRS 19-10-107 shall apply. The place of temporary protective custody shall be wherever the Provost Marshal, Pediatrician, or Staff Judge Advocate determine is necessary. However, if placement is to be made in a foster home, such determination must be made by the El Paso County Department of Social Services. If a child requires hospitalization, that determination will be made by a pediatrician. The Provost Marshal may direct Crisis Nursery placement pending Department of Social Services placement. Taking a child into protective custody (policy hold) can only be accomplished by a commissioned officer in the Military Police Corps. However, any Department of Defense doctor may decide that for the child's welfare it is necessary to detain the child in protective custody until police hold is effected. Whenever a Military Police officer places a child in such custody, he is acting as the Commanding General's agent to maintain law, order, and discipline at the installation, UP para 1-13, AR 210-10. The temporary custody hearing notice shall be delivered to parents residing on post only by a Behavioral Services Investigator. The investigator delivering such notification is

deemed to be the Commanding General's agent to maintain law, order, and discipline. If any on-post juvenile incident, including delinquency, etc., requires transportation of a child off post, such transportation may be furnished by the Military Police acting to maintain order and discipline on post, UP para 1-13, AR 210-10. All cases involving temporary custody, or transportation to local civilian authorities, shall be immediately made known to the ACAP Officer, the Staff Judge Advocate, and the Chief of Staff.

(Signed)

El Paso County District Attorney

IV Judicial District
Presiding Judge

Director El Paso County
Department of Social Services

Colonel, JAGC
Staff Judge Advocate

Colonel, FA
Deputy Post Commander

Colonel, MC
Commander USAH

APPENDIX B

MILITARY AND CIVILIAN REPORTING PROCEDURES

MILITARY REPORTING PROCEDURES

DEPARTMENT OF THE AIR FORCE
USAF Medical Center Keesler (ATC)
Keesler Air Force Base, MS 39534

CAOI-1
1 Jul 77

Child Advocacy Program

REPORTING IDENTIFIED INCIDENTS OF SUSPECTED OR SUBSTANTIATED CHILD ABUSE OR NEGLECT

1. Purpose: This Child Advocacy Operating Instruction (CAOI) establishes policy for the reporting of identified cases of suspected or substantiated child abuse or neglect.

2. Scope: Applicable to Medical Center Personnel, Child Advocacy Office, SP, AFOSI, Keesler AFB agencies and personnel.

3. Policies and Responsibilities: IAW Section 43-23-15, Mississippi Code of 1972, Revised 1977:

> Any licensed doctor of medicine, licensed doctor of dentistry, intern, resident, or registered nurse, psychologist, teacher, social worker, . . . child care giver, minister, or any law enforcement officer having reasonable cause to suspect that a child brought to him or coming before him . . . is an abused and/or neglected child shall cause an oral report to be made immediately by telephone or otherwise, and followed as soon thereafter as possible by a report in writing to the county welfare department. When the attendance of [the above mentioned individuals] is pursuant to the performance of services as a member of the staff of a hospital, school, child care center or similar institution, or law enforcement duties, he shall notify the person in charge of the institution or his designated delegate, who shall report or cause a report to be made regarding said child.
>
> Any [of the above mentioned individuals], attorney or any other person or institution participating in the making of a report pursuant to this chapter or participating in the judicial proceeding resulting therefrom shall be presumed to be acting in good faith and if found to have acted in good

faith shall be immmune from any liability, civil or criminal, that might otherwise be incurred or imposed. The reporting of an abused or neglected child shall not constitute a breach of confidentiality.

a. All agencies, departments, or individuals affiliated with Keesler AFB will report all identified incidents of suspected or established child abuse or neglect directly to the installation Child Advocacy Officer who in turn, as the designated representative of the installation ommander, will report the incident to the appropriate County Department of Public Welfare, Child Protection Service Intake Worker.

b. The following procedures of reporting child abuse or neglect are established for each respective agency:

(1) Emergency Room.

(a) The Medical Child Protection Team (MCPT) has been established as the primary response team for child abuse cases at USAF Medical Center Keesler. Medical Center staff are often uncertain about appropriate procedures and action to take because of the many medical, legal, and social considerations. The MCPT members are trained to take appropriate actions, thus relieving Emergency Room personnel of these responsibilities and enabling them to concentrate on the medical condition of an abused child.

(b) When suspected or established child abuse or neglect is identified in the Emergency Room, the Child Advocacy Officer should be notified immediately. If he cannot be located, the pediatric resident on call should be notified. He will then assume responsibility for involving the MCPT.

(c) A Medical Child Protection Kit, available in the ER, should be utilized as a procedural guide. It contains the names and telephone/call numbers of all MCPT members and copies of all required forms.

(d) It should be noted that neither the Security Police nor the AFOSI should be notified of child abuse from the ER. Their presence in the ER may be counter-therapeutic or interfere with necessary medical treatment. The MCPT will notify these agencies through established procedures.

(2) Medical Center Personnel

Medical center personnel in all departments will notify the Child Advocacy Officer of all cases that come to their attention in which child abuse or neglect is suspected or established. The Child Advocacy Officer will take appropriate action to initiate required reports and to secure necessary treatment for the abused or neglected child.

(3) Security Police

(a) The Security Police representative to the Child Advocacy Committee will screen the police blotter on a daily basis and notify the Child Advocacy Officer of all incidents involving suspected or established cases of child abuse or neglect. A copy of the incident report will be forwarded to the Child Advocacy Office for inclusion in the Child Advocacy Case file.

(b) Security police officers responding to reported incidents of child abuse or neglect may utilize the Child Advocacy Officer for consultation and/or assistance in dealing with abusive or neglecting families.

(c) The Security Police will not be called to the Emergency Room of the Medical Center when cases of child abuse or neglect are identified. The Child Advocacy Officer will bring such incidents to the attention of the Security Police as necessary.

(4) Air Force Office of Special Investigation (AFOSI)

(a) The child advocacy liaison AFOSI agent will notify the Child Advocacy Officer of all cases involving suspected or established child abuse or neglect that come to the attention of the installation AFOSI office.

(b) The Child Advocacy Officer will notify the AFOSI of suspected or established cases of child abuse or neglect that require DCII indexing.

(5) Keesler AFB Agencies and Personnel

All agencies and/or personnel associated with Keesler AFB will notify the child advocacy officer of suspected or established child abuse or neglect incidents that come to their attention.

(6) Community Agencies

(a) Although the Keesler Child Advocacy Program has no jurisdiction over civilian agencies, community agencies will be encouraged to notify the Child Advocacy Officer or the CPS Intake Worker of any incidents of child abuse or neglect involving military families that come to their attention.

(b) The Keesler Child Advocacy Office will work on a collaborative basis with community agencies to assist in providing necesary services to families experiencing child maltreatment.

CIVILIAN REPORTING PROCEDURES

HARRISON COUNTY
DEPARTMENT OF PUBLIC WELFARE
GULFPORT, MISSISSIPPI 39501

June 1975

TO: Harrison County physicians, dentists, registered nurses, psychologists, teachers, principals, social workers, child care givers, law enforcement officers, ministers

FROM: Division of Social Services
Harrison County Welfare Department

PROCEDURE FOR REPORTING SUSPECTED ABUSE:

Within the past several years, reports of child abuse have become more and more frequent because of an increased awareness and understanding of the problem. When you see a child who you think is being physically or emotionally abused by his parents (or others), you should make an oral report immediately of the suspected abuse to the Harrison County Welfare Department, Social Services Intake Worker, telephone 864-1531. If you have witnessed the abuse, you should also fill out the form DPW 440, "Report on Suspected Abuse," and under comments indicate injuries or other symptoms which you observed; send the completed report to the Harrison County Welfare Department, Social Services Division, P.O. Box 262, Gulfport. It is then distributed in the following manner: one copy to the Harrison County Family Court, one copy to the Mississippi State Social Services Division of the Welfare Department in Jackson, and one copy remains in the County Social Services case record. All information is held in strict confidence.

If the suspected abuse occurs on weekends or holidays (when the Social Services Division is normally closed) or after office hours (5:00 p.m.), the oral report can be made to the Harrison County Sheriff's Department Juvenile Officer, Dave Melton, who is on 24 hour call and who would investigate the complaint. His telephone number is 863-7611. Officer Melton will notify Social Services as soon as possible.

WHAT HAPPENS AFTER YOU REPORT SUSPECTED ABUSE:

Two social workers are immediately sent to the home of the abused child to investigate the report. (One worker serves as a possible witness.) They identify themselves, explain the reason for the visit and the nature of the complaint to the parents, but they do not divulge the name of the person who initiated the complaint. The social workers ask to see the child and must make a decision during the first visit as to whether they must involve a law enforcement officer and the Court at that time to remove the child from the home for his own protection. A social worker does not have the authority to remove a child from his home. If it appears necessary to seek the immediate removal of the child, Family Court is contacted and an "instanta summons" might be granted in emergency situations. The child is then placed in the Shelter Facility. A petition must be filed at Family Court alleging specific abuse, usually signed by the juvenile officer or social worker. A hearing is held as soon as possible to determine if the child is abused. A disposition of the case is made. In some instances a social worker will recommend, and the Court will order, removal of the child from his home for his own protection and placement with relatives, if suitable, or in foster care, if necessary. In other instances, the Court may order the child's return home from the Shelter and further order the Social Services Division to supervise the child in his own home and also order the parents to seek help.

If it does not appear necessary during the social workers' initial contacts with the family to seek the child's immediate removal, casework services are provided and community resources are offered. Early detection and help for the parents before the problem has become so severe that a child required medical treatment or removal from his home are our goals.

Historically, the approach to the problem has been to protect the child by removing him from the home. Parents have been punished, socially and legally. We now know that removing the child from his home can be as harmful to the child's emotional well-being as the abuse he sustained in his home. Separation is traumatic for the parents as well as the child. In addition, removal of the child from the home is often a contributing factor to the dissolution of the family. In many instances, when the abused child is removed from the family another child may become the scapegoat for family problems and abuse can occur again, this time to this child.

The Family Court proceeding is generally a civil proceeding which is concerned with the welfare of the child. Criminal charges may

or may not be brought against the parent depending on the circumstances. The Social Services Division's position is in protecting the child and helping the parent to prevent further abuse, rather than only punishment of the parent.

Physicians, dentists, registered nurses, psychologists, teachers, principals, social workers, child care givers, law enforcement officers, and ministers, who are all legally mandated to report abuse, are also immune by law from any legal action being taken against them at a later date should the abuse allegation prove untrue.

8:00 to 5:00	After 5:00, on holidays and on week-ends
Harrison County Welfare Department	Harrison County Sheriff's Dept.
Social Services Division	Juvenile Officer Dave Melton
Intake Worker 864-1531	863-7611

APPENDIX C

EMERGENCY RESPONSE PROCEDURES

DEPARTMENT OF THE AIR FORCE
USAF Medical Center Keesler (ATC)
Keesler Air Force Base, MS 39534

CAOI-2
1 JUL 77

Child Advocacy Program

EMERGENCY RESPONSE TO CHILDREN IN

REAL AND PRESENT DANGER

1. Purpose. This Child Advocacy Operating Instruction (CAOI) establishes policy for the emergency response to abused or neglected children in real and present danger.

2. Scope. Applicable to Medical Center Personnel, Medical Child Protection Team (MCPT), and the Child Advocacy Officer (CAO).

3. Policies and Responsibilities. In those cases of child abuse or neglect where victim children are considered to be in real and present danger, immediate action will be taken to remove them from the situation and to provide required medical care, to secure protective custody, and to provide shelter or other care necessary to insure that their health, welfare, and safety needs are met.

a. Removal from the Dangerous Situation. The Child Advocacy Officer does not have the authority to remove a child from a dangerous or potentially dangerous situation against the will of the child's parent, guardian, or caretaker. If it is determined that such action is necessary, the appropriate Child Protection Services Unit, Family Court, and law enforcement agency should be notified and petitioned to remove the child and escort him to the medical center for medical examination if such care is indicated.

b. Emergency Medical Care. A medical examination will be administered to all children suspected or known to be abused or neglected. Emergency medical treatment will be provided to all children requiring such care. The Child Advocacy Officer and the MCPT should be notified immediately of all such cases. The Child Advocacy Officer will notify the CPS Unit as soon as possible if they are not already known to be involved in the case.

c. Hospitalization. Children considered to be in real and present danger may be hospitalized following medical examination and/or emergency medical treatment for the following reasons:

(1) Medical treatment. If the medical condition of the child requires hospitalization for treatment or tests.

(2) Observation. If the medical condition of the child remains undetermined, the child will be hospitalized for observation.

(3) Protective custody. A child may be hospitalized temporarily for protective custody if alternative placement is not available. The child will remain hospitalized until a satisfactory placement has been arranged.

d. Placement in Protective Custody. Following the removal of the child from the dangerous situation and medical examination/treatment, the child will be placed in protective custody until his home is determined appropriate and safe for his return. Normally, protective custody will be arranged and provided by the Family Court and CPS Worker. If, following medical examination, it is determined that hospitalization is not indicated, the child will be released to the court designated representative of the county or state for placement. If hospitalization is indicated, the child will be hospitalized until there is no further need for continued hospitalization. At that time, the child may be discharged to shelter care or protective custody, at the discretion of the court, if it is determined that the child's home is not yet an appropriate placement.

4. Intervening Authority. Because of jurisdictional and other legal issues, it is imperative that the military and civilian judicial, law enforcement and protective service agencies work in a cooperative manner to insure the interests of the abused child in such cases.

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